## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # P97000019694 CRESTIV JUICE GROUP MIAMI BEACH, INC. 05-08-2000 90061 013 \*\*\*150.00 Principal Place of Business Mailing Address 419 ESPANOLA WAY 419 ESPANOLA WAY MIAMI BEACH FL 33139-8124 MIAMI BEACH FL 33139 DAAAAAA NEW FET N = 45-0759151 Statistical Group of Rusiness | 3. Mailing Address 2. Principal Place of Busines DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 4.00TOTAL Not Applicable L5 :075915 Zip Country Country \$8,75 Additional 5. Certificate of Status Desired \_\_\_ [ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIAMMATTEI, MAURICIO Street Address (P.O. Box Number is Not Acceptable) 419 ESPANOLA WAY MIAMI BEACH FL 33139 Zip Code City anging its registered office or registered agent, or both, in the State of Florida. d entity submits this sta ement for the purpose of c 8. The above name .ಯ SIGNATURE (NOTE, Registered Agent s agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME PHILIPSON, MICHAEL NAME STREET ADDRESS STREET ADDRESS 419 ESPANOLA WAY CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME GIAMMATTEI. MAURICIO NAME STREET ADDRESS 419 ESPANOLA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI-BEACH FL 33139 [ ] Change ☐ Addition ☐ Delete TITLE TITLE KELSICK, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 419 ESPANOLA WAY CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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NAME OF SIGNING OFFICER OR DIRECTOR

NATURE AND TYPED OR PR