

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90042 030 ***150.00

DOCUMENT # 857035

1. Entity Name

BEVERAGE CANNERS INTERNATIONAL CORPORATION

Principal Place of Business

3595 NW 110 ST
MIAMI FL 33167
US

Mailing Address

100 SE 2ND ST
28TH FLOOR
MIAMI FL 33131
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

201 S. BISCAYNE BLVD

SUITE 2600

MIAMI, FL

33131

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2311443

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST
28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
THOMAS R. LEHMAN, P.A.

Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BLVD.

SUITE 2600

City MIAMI

FL

Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

THOMAS R. LEHMAN, P.A.

4/23/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CH	<input checked="" type="checkbox"/> Delete
NAME	BIGIO, GILBERT	
STREET ADDRESS	3595 NW 110 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BEYDA, CLEMENT	
STREET ADDRESS	3595 NW 110 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FLEISCHER, ALLEN	
STREET ADDRESS	3595 NW 100 ST	
CITY-ST-ZIP	MIAMI FL 33667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY H. HIRST	
STREET ADDRESS	VICE PRESIDENT	
CITY-ST-ZIP	907EW CARDENAS REBAK	
	201 S. BISCAYNE BLVD.	
	MIAMI, FL 33131-4336	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

for Henry H. Hirst 4/23/01 (305) 534-1112

CR2E034 (10/00)