

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90005 007 \*\*\*550.00

**DOCUMENT # F00000004370**

1. Entity Name  
**BRAVO! FOODS, INC.**

Principal Place of Business  
**11300 U.S. HWY 1, STE 202  
 NORTH PALM BEACH FL 33408**

Mailing Address  
**11300 U.S. HWY 1, STE 202  
 NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1017915**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LURVEY, JOHN  
 1801 CENTRE PARK DR EAST, STE 200  
 WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **GUILIANO, TONY**  
 CITY-ST-ZIP **9189 FOREST HILL LANE  
 GERMANTOWN TN**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME ~~**LURVEY, SUSAN E**~~  
 STREET ADDRESS ~~**6340 FOX RUN CIRCLE**~~  
 CITY-ST-ZIP ~~**JUPITER FL**~~

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **WARREN, ROY**  
 STREET ADDRESS **119 EBBTIDE**  
 CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE ☒ Change ☐ Addition  
 NAME **STD**  
 STREET ADDRESS **Warren, Roy**  
 CITY-ST-ZIP **119 Ebbtide  
 North Palm Beach, FL**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BLANDING, ARTHUR**  
 CITY-ST-ZIP **425 APACHE DRIVE  
 JANESVILLE WI**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PEARCE, PHILLIP**  
 CITY-ST-ZIP **6624 GLENLEAF COURT  
 CHARLOTTE NC**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Hirschman, Stanley**  
 CITY-ST-ZIP **2600 Rutgers Court  
 Plano, TX**

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 reports 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

**Roy Warren**

**6/21/01**

**561-625-1411**

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

A0074844

Doc# F 00000004370

12. Additions/Changes to  
Officers and Directors (continued):

D

McCormack, John J.  
8750 South Grant  
Burridge, IL

Addition