2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000005814

1. Entity Name HARBREW IMPORTS LTD. CORP.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90928 031 ***150.00

Principal Place of Business 102 BUFFALO AVENUE FREEPORT NY 11520		Mailing Address 102 BUFFALO AVENUE FREEPORT NY 11520				
2. Principal Place of Business		3. Mailing Address)\$\$	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 11-3508483	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registe	ered Agent.	
BAY BUILD			Name	Name		
RAY, JULI			Street Add	ress (P.O. Box Number is Not Acceptable)		
20937 BAY COURT, #114						
AVENTUR	A FL 33180					
•			City		FL Zip Code	
	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age		its registered office or re	gistered agent, or both, in the State of Fiorida. Guired when reinstating)	I am familiar with, and accept	
	WE NOW!!! FEE IS \$450.00					
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.	9 \$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE	PECICOO DICUADO I	☐ Delete	TITLE		☐ Change ☐ Addition §	
NAME	DECICCO, RICHARD J 3379 JASON CT.		NAME		5	
STREET ADDRESS CITY-ST-ZIP	BELLMORE NY		STREET ADDRESS CITY-ST-ZIP		6	
TITLE		Delete	TITLE		☐ Change ☐ Addition	
NAME		La byldio	NAME		[6	
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		·	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
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STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP					☐ Change ☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	,		CITY-ST-ZIP			
12. I hereby	certify that the information supplied w	ith this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I furthe	er 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ___