

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90467 020 ***150.00

DOCUMENT # K64054

1. Entity Name
AMERICAN SNACK & BEVERAGE, INC.



Principal Place of Business
1967 TIGERTAIL BLVD
DANIA FL 33004
US

Mailing Address
1967 TIGERTAIL BLVD
DANIA FL 33004
US



2. Principal Place of Business

3901 RAVENSWOOD RD.
Suite, Apt. #, etc.
Suite 101

3. Mailing Address

3901 RAVENSWOOD RD.
Suite, Apt. #, etc.
Suite 101

City & State

DANIA BEACH, FL.

City & State

DANIA BEACH, FL

Zip

33312

Country

Zip

33321

Country

4. FEI Number

65-0099517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HACKER, AL
1967 TIGERTAIL BLVD
DANIA FL 33004

7. Name and Address of New Registered Agent

Name

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

3901 RAVENSWOOD Rd.

Suite 101

City

DANIA BEACH

FL

Zip Code

33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Al Hacker

1/7/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HACKER, ALBERT**
STREET ADDRESS **1991 TIGERTAIL BLVD SUITE A**
CITY-ST-ZIP **DANIA FL**

TITLE **ST** ☐ Delete
NAME **HACKER, BEVERLY**
STREET ADDRESS **1991 TIGERTAIL BLVD #A**
CITY-ST-ZIP **DANIA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/03

(954) 922-1878

CR2E034 (10/02)