

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013671 AF

DOCUMENT # L00000002261

1. Entity Name  
COASTAL BEVERAGE USA, LLC

FILED

01 APR 30 PM 6:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

14237 US HIGHWAY 1  
JUNO BEACH FL 33408

Mailing Address

14237 US HIGHWAY 1  
JUNO BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1137 Silver Beach Rd

3. Mailing Address

1137 Silver Beach Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PARK FL

City & State

LAKE PARK FL

4. FEI Number

65-0984715

Applied For

Not Applicable

Zip

Country

33403

Zip

Country

33403

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

000004221170--6  
-05/16/01--01135--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	RALPH SABELLA	
STREET ADDRESS	1219 12th lane	
CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE	Renaldi Ruggiero	<input type="checkbox"/> Delete
NAME	V.P. PRESIDENT	
STREET ADDRESS	167 Sienna Oaks Circle W	
CITY-ST-ZIP	Palm Beach Gardens FL	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Anne Ruggiero	
STREET ADDRESS	1032 Sienna Oaks Circle W	
CITY-ST-ZIP	Palm Beach Gardens FL	
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		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ralph Sabella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/23/01

Daytime Phone #

561-841-1814

CR2E083 (11/00)