

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90127 050 ****55.00

DOCUMENT # L02000020480

1. Entity Name
VITABUZZ ENERGY DRINK, LLC



Principal Place of Business

**5401 WEST KENNEDY BLVD.
SUITE 1010
TAMPA FL 33609**

Mailing Address

**5401 WEST KENNEDY BLVD.
SUITE 1010
TAMPA FL 33609**

2. Principal Place of Business

**2101 NW Corporate Blvd
Suite, Apt. #, etc.
#414**

3. Mailing Address

**2101 NW Corporate Blvd
Suite, Apt. #, etc.
#414**

City & State
BOCA RATON, FLA.

City & State
BOCA RATON, FLA.

Zip
33431

Country
USA

Zip
33431

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POLLOCK, KENNETH S ESQ.
2101 NW CORPORATE BLVD.
SUITE 4140
BOCA RATON FL 33431**

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
NAME
NEW AGE BEVERAGE INTERNATIONAL, INC.
STREET ADDRESS
5401 WEST KENNEDY BLVD.
CITY-ST-ZIP
TAMPA FL 33609

☐ Delete

10. ADDITIONS/CHANGES

TITLE
MGR
NAME
Fauco Acquisition Company, Inc.
STREET ADDRESS
2101 NW Corporate Blvd #414
CITY-ST-ZIP
BOCA RATON, FLA. 33431

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

CR2E083 (10/02)