

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2003 8:00 am**  
**Secretary of State**

07-29-2003 90055 024 \*\*\*\*\*50.00

**DOCUMENT # L02000031487**

1. Entity Name  
**VITABEVERAGE, LLC**



Principal Place of Business

Mailing Address

**5105 NE 12TH AVENUE  
OAKLAND PARK FL 33334**

**5105 NE 12TH AVENUE  
OAKLAND PARK FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**06-1661642**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUNTHER, JOHN C  
5105 NE 12TH AVENUE  
OAKLAND PARK FL 33334**

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 September 24, 2003**

**CHECK # 1085**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGRM**  
STREET ADDRESS **JOHN C. GUNTHER**  
CITY-ST-ZIP **5105 NE 12TH AVE  
OAKLAND PARK, FL 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGRM**  
STREET ADDRESS **JOSEPH F. GUNTHER**  
CITY-ST-ZIP **5105 NE 12TH AVE  
OAKLAND PARK, FL 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGRM**  
STREET ADDRESS **VICTOR J. ROSE**  
CITY-ST-ZIP **5105 NE 12TH AVE  
OAKLAND PARK, FL 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGRM**  
STREET ADDRESS **ERNEST R. MASERA**  
CITY-ST-ZIP **5105 NE 12TH AVE  
OAKLAND PARK, FL 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**7-22-03 954-783-9378**

CR2E083 (4/03)