

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90098 022 ***150.00

DOCUMENT # L03181

1. Entity Name

UNIVERSAL BEVERAGES HOLDINGS CORPORATION



Principal Place of Business

10033 SAWGRASS DR WEST
SUITE 202
PONTE VEDRA BEACH FL 32082

Mailing Address

PO BOX 448
PONTE VEDRA BEACH FL 32004

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0805935**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILAM HOWARD NICANDRI DEES & GILLAM PA
14 EAST BAY STREET
JACKSONVILLE FL 32202

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 \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DOLIN, ROBERT J
STREET ADDRESS 281 SOUTH HOLLYBROOK DRIVE
CITY- ST- ZIP PEMBROKE PINES FL 33025

TITLE ☐ Change ☒ Addition
NAME Brian Sieber
STREET ADDRESS 13117 Pocosin Drive
CITY- ST- ZIP Jacksonville, FL 32246

TITLE D ☐ Delete
NAME MOORE, CLIFFORD A
STREET ADDRESS 205 SOUTH BROADWAY
CITY- ST- ZIP RIVERTON WY 82501

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

TITLE VD ☐ Delete
NAME MENDIUS, CYDELLE
STREET ADDRESS 533 QUAIL POINTE LANE
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

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

TITLE PSTD ☐ Delete
NAME MOORE, JONATHON O
STREET ADDRESS 16 SOUTH LAKE JULIA DRIVE
CITY- ST- ZIP PONTE VEDRA BEACH FL

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

TITLE D ☐ Delete
NAME ROBINSON, STEVEN
STREET ADDRESS 1401 HORIZON COURT
CITY- ST- ZIP ORLANDO FL 32809

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

TITLE D ☐ Delete
NAME SILVERSTEIN, ALAN
STREET ADDRESS 10 WEST 15TH STREET, APT 321
CITY- ST- ZIP NEW YORK CITY NY 10011

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 exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 25, 2007 904 280 7795