

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90019 026 \*\*\*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 (10/07)

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 state if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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, JONATHAN 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 9, 2008 904 280  
1795