

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002146

1. Entity Name
RTD BEVERAGE, L.C.

FILED

00 JAN 19 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1201 PLACETAS AVENUE
CORAL GABLES FL 33146

Mailing Address
1201 PLACETAS AVENUE
CORAL GABLES FL 33146-3242

2. Principal Place of Business
1390 S. Dixie Hwy
Suite, Apt. #, etc.
120A

3. Mailing Address
Suite, Apt. #, etc.

City & State
CORAL GABLES.
FL. 33146.

City & State

4. FEI Number 65-0868536

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAVIRIA, ANDRES
1201 PLACETAS AVENUE
CORAL GABLES FL 33146

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

ANDRES GAVIRIA

1-6-2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM COFFEECOL, INC. ☐ Delete
STREET ADDRESS 1201 PLACETAS AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE NAME MGRM U.S. BEVERAGE HOLDINGS, INC. ☐ Delete
STREET ADDRESS 50 OAK CREST ROAD
CITY-ST-ZIP WEST ORANGE NJ 07052

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME 500003112275-2 ☐ Change ☐ Addition
STREET ADDRESS -01/27/00--01015--010
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER ANDRES GAVIRIA

Date

Daytime Phone #

1-6-2000

(305) 665.5174