

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0194640 AV

DOCUMENT # P00000006947

1. Entity Name

HELLMANN BEVERAGE LOGISTICS, INC.

03-13-2002 90116 038 ***150.00

Principal Place of Business

Mailing Address

C/O RICHARD J. ALAN CAHAN, ESQUIRE
5201 BLUE LAGOON DRIVE- SUITE 100
MIAMI FL 33126

C/O RICHARD J. ALAN CAHAN, ESQUIRE
5201 BLUE LAGOON DRIVE- SUITE 100
MIAMI FL 33126



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

65-1052358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD J. ALAN CAHAN
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE #100
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax-filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~D~~ ~~QUEHENBERGER, RUDOLF~~ ☒ Delete
 NAME
 STREET ADDRESS ~~HANDELSZENTRUM 3 BERGHEIM/SALZBURG~~
 CITY-ST-ZIP ~~AUSTRIA A-5101~~

TITLE Director ☐ Change ☒ Addition
 NAME Christian Fuerstaller
 STREET ADDRESS Handelszentrum 3 Bergheim/Salzburg
 CITY-ST-ZIP Austria A-5101

TITLE ~~D~~ ~~HOECKNER, PAUL~~ ☒ Delete
 NAME
 STREET ADDRESS ~~HANDELSZENTRUM 3 BERGHEIM/SALZBURG~~
 CITY-ST-ZIP ~~AUSTRIA A-5101~~

TITLE Director ☐ Change ☒ Addition
 NAME Klaus Hrazdira
 STREET ADDRESS Handelszentrum 3 Bergheim/Salzburg
 CITY-ST-ZIP Austria A-5101

TITLE ~~D~~ ~~EKMAN, NILS~~ ☒ Delete
 NAME
 STREET ADDRESS ~~10450 DORAL ROAD~~
 CITY-ST-ZIP ~~MIAMI FL 33178~~

TITLE Director ☐ Change ☒ Addition
 NAME Ernst Grubenmann
 STREET ADDRESS 10450 Doral Blvd
 CITY-ST-ZIP Miami, FL 33178

TITLE D ☐ Delete
 NAME WEYENETH, KARL
 STREET ADDRESS C/O 10450 DORAL BOULEVARD
 CITY-ST-ZIP MIAMI FL 33178

TITLE Officer ☐ Change ☒ Addition
 NAME Dieter Kasprzyk
 STREET ADDRESS 10450 Doral Blvd
 CITY-ST-ZIP Miami, FL 33178

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

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)