

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042165

1. Entity Name

US #1 A & B DISCOUNT BEVERAGE, INC. #2

Principal Place of Business

439 N. 4TH STREET  
FT. PIERCE FL 34950

Mailing Address

439 N. 4TH STREET  
FT. PIERCE FL 34950

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

65-1002014-14714

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

PATEL, ASHOK D  
439 N. 4TH STREET  
FT. PIERCE FL 34950

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: If - previous Agent signature required when renewing)

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATEL, ASHOK D  
1711 CORANDO AVE.  
FT. PIERCE FL 34982

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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]*

04/30/01

561-461-1595

05-14-2001 90093 007 \*\*\*150.00

P00000042165

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 13 PM 4:00

6699



DO NOT WRITE IN THIS SPACE

CR2004 (1000)

AD



TRIPLE CHECK TAX & FINANCIAL SERVICES

November 16, 2001

Mr. Andy Dunlap  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Mr. Dunlap,

Thank you for your response dated November 8, 2001. Please note that we apparently did not receive the notice dated June 7, 2001 as we have scoured our files and cannot produce a copy. We can, however, assert that the correct FEIN for US #1 A&B Discount Beverage #2, Inc. is 65-1002014. We would greatly appreciate it if your department would see its way clear to reinstating the corporation for 2001.

Again, it is our wish to continue to operate as a corporation in the State of Florida as well as adhering to all regulations set forth by the state. Please abate the \$600.00 fee and reinstate the corporation.

Thank you for your consideration and assistance.

Sincerely,  
US#1 A&B DISCOUNT BEVERAGE #2, INC.

  
James Rizzolo