

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042644

1. Entity Name

RED CUP INVESTMENTS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90103 008 ***150.00

Principal Place of Business

333 NORTH NEW RIVER DRIVE EAST
SUITE 4000
FORT LAUDERDALE FL 33301

Mailing Address

333 NORTH NEW RIVER DRIVE EAST
SUITE 4000
FORT LAUDERDALE FL 33301

AUUB0634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

450 EAST LAS OLAS Blvd.

3. Mailing Address

450 EAST LAS OLAS Blvd.

Suite, Apt. #, etc.

Suite 1500

Suite, Apt. #, etc.

Suite 1500

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33301

Country

Zip

33301

Country

4. FEI Number

45-1021326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE
28TH FLOOR
MIAMI FL 33131

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

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, 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 PD
NAME HUIZENBA H WAYNE JR
STREET ADDRESS 450 E LAS OLAS BLVD 15 FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE VTS
NAME BRANDEN CRIS V.
STREET ADDRESS 450 E LAS OLAS BLVD 15 FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRIS V BRANDEN Vice President

4/26/01

954-627-5000

CR2E034 (10/00)