

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90736 040 ***150.00

DOCUMENT # P 01000010609

1. Entity Name

Mission Cup, Inc.

DO NOT WRITE IN THIS SPACE

B0140011

2. Principal Place of Business

4100 N. Powerline Road

3. Mailing Address

4100 N. Powerline Road

Suite, Apt., #, etc.

Building E - Suite 3

Suite, Apt., #, etc.

Building E - Suite 3

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, Fl

City & State

Pompano Beach, Fl

4. FEI Number

77-0593140

Applied For

Not Applicable

Zip

33073

Country

USA

Zip

33073

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Joseph A. Vecchio

Street Address (P.O. Box Number is Not Acceptable)

2929 East Commercial Blvd.

Penthouse Suite A

City

Ft. Lauderdale

FL

Zip Code

33308

**DO NOT WRITE
IN THIS SPACE**

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

Joseph A. Vecchio

Joseph A. Vecchio

✓ 5/24/02

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P/VP/T/S
NAME Joseph Inzitari
STREET ADDRESS 2929 E. Commercial Blvd.
CITY - ST - ZIP Penthouse Suite A
Ft. Lauderdale, Fl 33308

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Inzitari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Inzitari 5/24/02 (954)977-7499

Date

Daytime Phone #

CR2E034B (12/01)