

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-20-2002 90078 043 ***150.00

DOCUMENT # **PO1000015744**

1. Entity Name

US BEVERAGE INC

Principal Place of Business

1952 NE 49TH ST.**POMPANO BCH FL 33064**

Mailing Address

1952 NE 49TH ST.**POMPANO BCH FL 33064**

2. Principal Place of Business

5205 N.E 20th TERR

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 5872

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

L.H. POINT

Zip

33064

Country

Broward

Zip

33064

Country

Broward

4. FEI Number

65-1075590

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GHANCHI, ASLAM**1952 NE 49TH ST.****POMPANO BCH FL 33064**

7. Name and Address of New Registered Agent

Name **GHANCHI, ASLAM**Street Address (P.O. Box Number is Not Acceptable)
5205 N.E 20th TERRCity **POMPANO BEACH****FL**Zip Code
33064

B. 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

TITLE **PD** ☐ DeleteNAME **GHANCHI, ASLAM**STREET ADDRESS **1952 NE 49TH ST.**CITY-ST-ZIP **POMPANO BCH FL 33064**TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**NAME **ASLAM GHANCHI, ASLAM** ☒ Change ☐ AdditionSTREET ADDRESS **P.O. BOX 5872**CITY-ST-ZIP **L.H.P. FL 33064**TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 (954) 254-9375
 Date Daytime Phone #

CR2034 (9/01)