

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

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90340 028 ***550.00

DOCUMENT # **P 0 10000 17357**

1. Entity Name

UNIVERSAL FLORIDA BEVERAGE DISTRIBUTORS, INC.

B0131719

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1919 NW 19 Street

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

4. FFI Number

65-1092347

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

SPENCE T. LEVY

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

1919 NW 19 St.

City

FORT LAUDERDALE

FL

Zip Code

33311

**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 **SPENCE T. LEVY**

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

(NOTE: Registered Agent signature required upon reinstating)

DATE

7/15/02

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 **President**
NAME **Spence T. Levy**
STREET ADDRESS **1919 NW 19th St. Bldg 1A**
CITY-ST-ZIP **Fort Lauderdale FL 33311**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **SPENCE T. LEVY**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

7/15/02

954-761-1808

CR2E034B (12/01)