2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017357

1. Entity Name

UNIVERSAL FLORIDA BEVERAGE DISTRIBUTORS, INC.



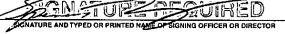
FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90422 005 ***150.00

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Principal Place of Business 1919 NW 19 STREET FORT LAUDERDALE FL 33311		1919	Mailing Address 1919 NW 19 STREET FORT LAUDERDALE FL 33311			: 110 (100 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(8)(1) 60)(1) 60(8) 12 0 (1 1 4888 (11 9)	a kihi 1 00 1 1001	
2. Principal Place of Business		3. Mai	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4. FEI Number 65-109234	_ `	Applied For Not Applicable		
Zip	Country	Zip		Country		5. Certificate of Status Desired	□ \$ i	8.75 Add	ditional	-
	6. Name and Address of Curr	ent Registere	ed Agent		7	. Name and Address of New	Registered Ag	ent		1
	Name									
LEVY, SPENCE T 1919 NW 19 STREET				Street A		Box Number is Not Acceptate	ole)			
	JDERDALE FL 83311]
	**************************************			City			FL	Zip Cod	e	1
8. The above	named entity submits this stateme	nt for the purp	ose of changing its re	egistered office o	registered	agent, or both, in the State of f	lorida. I am fan	niliar with,	and accept	1
the obliga	tions of registered agent.									
SIGNATURE	Signature, typed or printed name of registered a	gent and title if app	licable. (NOTE: F	Registered Agent signat	ure required wha	en reinstating)	DATE			
F Afte			9. Election Campaign F Trust Fund Contribut		\$5.0 Added	May Be				
***	k Payable to Florida Departmen		<u>.</u>]
10. 15.5	T_ OFFICERS A	ND DIRECTO		11.	1	ADDITIONS/CHANGES TO OF				۱,
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	FORT LAUDENDALE FL 33311	<u> </u>			ļ					1 2
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CITY-ST-ZIP				CITY-ST-ZIP						

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Date Da

Daytime Phone #

CR2E034 (10/02)