

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/02

FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 90285 044 ***150.00

DOCUMENT # P01000048321					
1. Entity Name BEVERAGE EQUIPMENT SUPPLIES, INC.					
Principal Place of Business 9345 N.W. 50TH DORAL CIRCLE NORTH MIAMI FL 33178			Mailing Address 9345 N.W. 50TH DORAL CIRCLE NORTH MIAMI FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORALES, GILBERTO 9345 N.W. 50TH DORAL CIRCLE NORTH MIAMI FL 33178				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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 and all other like empowered.					
SIGNATURE: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1118318 ☐ **Applied For**
☐ **Not Applicable**

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

CR2EN34 (10/02)

04/29/03. 205-805490