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03 JUN -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068551

1. Entity Name
THE GRIP BEVERAGE INSULATORS, INC.

500020940635
06/17/03--01080--014 **150.00

Principal Place of Business	Mailing Address
3381 N HILLS DRIVE HOLLYWOOD, FL 33021	3381 N HILLS DRIVE HOLLYWOOD, FL 33021

2. Principal Place of Business	3. Mailing Address
2930 SW 30th Ave	3000 N. University Dr
Suite, Apt. #, etc. Suite B.	Suite, Apt. #, etc. E
City & State Hallandale, FL.	City & State Coral Springs
Zip 33021 Country	Zip 33065 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1121484 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SONNABEND, GENE H 3381 N HILLS DRIVE HOLLYWOOD, FL 33021	Name Sonnabend, Gene H Street Address (P.O. Box Number is Not Acceptable) 2930 SW 30th Ave. Suite B. City Hallandale FL Zip 33009

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SONNABEND, GENE H 3381 N HILLS DRIVE HOLLYWOOD, FL 33021 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sonnabend Gene H 2930 S.W. 30th Ave Hallandale, FL 33009 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 6/6