

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

0792478
AV

DOCUMENT # **P01000071839**



1. Entity Name
GUAVA & JAVA - MIA, INC.

03-12-2003 90106 014 ***150.00

Principal Place of Business
**16445 COLLINS AVENUE #2328
SUNNY ISLES BEACH FL 33160**

Mailing Address
**16445 COLLINS AVENUE #2328
SUNNY ISLES BEACH FL 33160**



2. Principal Place of Business
MIAMI INT'L AIRPORT

3. Mailing Address

Suite, Apt. #, etc.
CONCOURSE G Gate G8

Suite, Apt. #, etc.

City & State
Miami Florida

City & State

Zip
33126

Country

Zip

Country

4. FEI Number **65-1125271**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARCUS, JEFFREY I CPA
4300 NORTH UNIVERSITY DRIVE
SUITE #D-206
LAUDERHILL FL 33351**

7. Name and Address of New Registered Agent

Name **Bhasker, Rita**

Street Address (P.O. Box Number is Not Acceptable)
16445 Collins Ave #2328

City **Sunny Isles Beach FL** Zip Code **33160**

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]* **3.10.03**
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 **STERLING, DAVID**
STREET ADDRESS **16445 COLLINS AVENUE #2328**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE Change Addition
NAME **Vice President**
STREET ADDRESS **STERLING, DAVID**
CITY-ST-ZIP **16445 Collins Ave #2328**
Sunny Isles Beach, FL 33160

TITLE Delete
NAME **BHASKER, RITA**
STREET ADDRESS **6429 WOODVILLE DRIVE**
CITY-ST-ZIP **FALLS CHURCH VA 22044**

TITLE Change Addition
NAME **President**
STREET ADDRESS **BHASKER, RITA**
CITY-ST-ZIP **6429 WOODVILLE DR.**
Falls Church VA 22044

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *[Signature]* **3.10.03** **702.501.4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)