

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90994 019 \*\*\*150.00

**DOCUMENT # P01000085969**

1. Entity Name  
**NEONCUPS.COM, INC.**



Principal Place of Business  
**880 N.E. 75TH STREET  
MIAMI FL 33138**

Mailing Address  
**880 N.E. 75TH STREET  
MIAMI FL 33138**



2. Principal Place of Business

3. Mailing Address

**P.O. BOX 451111**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI FL**

4. FEI Number

**04-3617864**

Applied For

Not Applicable

Zip

Country

Zip

**33245-1111**

Country

**DADE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**BLUTSTEIN, GEORGE J  
4700-B SHERIDAN STREET  
HOLLYWOOD FL 33021**

## 7. Name and Address of New Registered Agent

Name **SCOTT MERSON**

Street Address (P.O. Box Number is Not Acceptable)  
**880 NE 75TH ST**

City **MIAMI**

**FL**

Zip Code  
**33138**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-03**

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PITA, JOE</b>	
STREET ADDRESS	<b>880 N.E. 75TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERSON, SCOTT</b>	
STREET ADDRESS	<b>1325 SW 22ND TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MUSKAT, MICHAEL A</b>	
STREET ADDRESS	<b>10901 BRIGHTON BAY BLVD N.E.; UNIT 4107</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33716</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-29-03 305-606-6185**

CR2E034 (10/02)