2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

9715 W BROWARD BLVD. SUITE #217

P01000087492 **DOCUMENT #**

1. Entity Name

Principal Place of Business

9715 W BROWARD BLVD. SUITE #217

DRINK SAFE TECHNOLOGIES, INC.



Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90121 035 ***158.75

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PLANTATION FL 33324			PLANTATION FL 33324						
							\$ \$601866444 0010 41604 0644 0644 0644 6044 604		
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2. Principal F	Sowe∑ Salvage (3. Mailing Address						
		T tokest HILL BLU	Suite, Apt. #, etc.			2/11/4.			
Suite, Apt.	h	<u> </u>	Suite, Apr. #, etc.				CHECK HERE IF MAKING CHANGES		
City & Stat		٠٨	City & State				4. FEI Number Applied For		
Wellington, FLORION			WELLINGTON FLORISM				65-1136069 Not Applicable		
33414 Country		Zip Count		11Y A 2.	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				
						Name-Suerra Francisco J			
GUERRA,				Street Ad	ddress (P.C	O. Box Number is Not Acceptable)			
9715 W BROWARD BLVD, SUITE #217							ddress (P.O. Box Number is Not Acceptable)		
PLANTATI	ON FL 333	24		Suite			1212		
					Çity	1 . 1	" Floreing FL Zip Sode		
8 The above	named entit	reupmits this statement for	the purpose of changing i	ts register			d agent, or both, in the State of Florida. I am familiar with, and accept		
	ions of regist		the purpose of changing t	to register	ou omee or	registorea	d agong or both, in the older of honda. Tariffallinas that, and accept		
SIGNATURE .	Signature typed	or printed name of registered agent as	nd title if engliseble (NC	TE: Booistore	d Agent cignatu	re required wh	when reinstation)		
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 9: Election Campaign Financing \$5.00 May Be									
		Florida Department of	State				Trust Fund Contribution. Added to Fees		
10.	· · agabic to	<u> </u>		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE .	OFFICERS AND DIF			TITLE			Abbitions/Changes to Officers and Directors IN 11		
NAME	, . •	PD Delete GUERRA, FRANCISCO J					r - r - r		
STREET ADDRESS				ET ADDRESS	ADDRESS 12773 WEST FOREST HILL Blue. Just 1213				
CITY-ST-ZIP		ON FL:33324			-ST-21P	Wellinston, FL. 33414			
TITLE	VD	**	☐ Delete	TITLE		10.	X Change ☐ Addition		
NAME		LOVER, BRIAN:		NAM		,			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		#217		ET ADDRESS	152	12773 West Forest H.U Que. Sute 1212		
CITY-ST-ZIP	1		# C 1 ?	CITY-			sellineton Fl. 33414		
TITLE	STD	**************************************	☐ Delete	TITLE		, ,	Change		
NAME	GILES, MI	CHAEL		NAM	E				
STREET ADDRESS		ROWARD BLVD, SUITE	#217	STRE	ET ADDRESS		.773 West Frent HIL Blue. Title 1212		
CITY-ST-ZIP	PLANTATI	ON FL 33324		CITY	-ST-ZIP	/بنو	ellindon A. 33414		
TITLE			☐ Delete	TITLE	:		Change Addition		
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CITY-ST-ZIP				CITY	-ST-ZIP				
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STREET ADDRESS		· - -		=== STRE	ET ADDRESS				
CITY-ST-ZIP					-ST-ZIP		***		
		<u> </u>					Channe Channe		
TITLE NAME			☐ Delete	TITLE NAMI		1	☐ Change ☐ Addition		
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CITY-ST-ZIP					-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 mystee 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 a , with all other like empowered.

SIGNATURE:

561 - 333 - 0910