
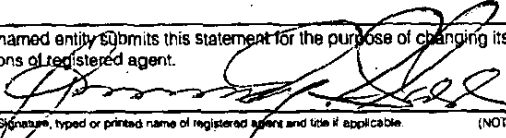



FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90825 008 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

5

DOCUMENT # P02000007414			
1. Entity Name BEST BEER, INC.			
Principal Place of Business 2240 KIDWIN LANE LAKE WORTH FL 33461		Mailing Address 2240 KIDWIN LANE LAKE WORTH FL 33461	
2. Principal Place of Business 3750 N.E. 4th AVENUE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 39588 Suite, Apt. #, etc.	
City & State OAKLAND PARK FL		City & State Fort Lauderdale, FL	
Zip 33333-2243		Country U.S.A.	
4. FEI Number 30-0034138		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FOGEL, MICHAEL N 2240 KIDWIN LANE LAKE WORTH FL 33461		Name REU-DOM & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 3750 N.E. 4th AVENUE City OAKLAND PARK FL Zip Code 33334-2243	
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 5/20/2003	
SIGNATURE, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
<input checked="" type="checkbox"/> 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. <input type="checkbox"/> \$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	D FOGEL, MICHAEL N 2240 KIDWIN LANE LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARE, REUBIN, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3750 N.E. 4th AVENUE OAKLAND PARK, FL 33334-2243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARE, DOMINIQUE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3750 N.E. 4th AVENUE OAKLAND PARK, FL 33334-2243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/25/03 (954) 564-2337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

55043765



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)