

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/27/2003-90349-035-\$150.00-\$150.00 *
8/28/2003-90071-019-\$550.00-\$550.00

0056014
AV

DOCUMENT # P02000112925

1. Entity Name
MIAMI SMOOTHIE & JUICE COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 AM 8:00



CHECK HERE IF MAKING CHANGES *MRS*

Principal Place of Business
7382 NW 54TH STREET
MIAMI FL 33166

Mailing Address
7382 NW 54TH STREET
MIAMI FL 33166

2. Principal Place of Business
7380 NW 54 ST.

3. Mailing Address
7380 NW 54 ST.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166 Country
USA

Zip
33166 Country
USA

4. FEI Number
02-0648496

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

YANES, ALAIN
7382 NW 54TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	YANES, ALAIN	
STREET ADDRESS	7382 NW 54TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		
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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]* **SIGNATURE REQUIRED** *8/19/03* *305-785-0246*

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)