

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO3000142258**

1. Entity Name **SOUTH FLORIDA
BEV WAREHOUSE INC.**



FILED

04 APR 20 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business APT 210E 5300 WASHINGTON ST. 5300 WASHINGTON ST		3. Mailing Address APT 210E	
City & State HOLLYWOOD FLA		City & State HOLLYWOOD, FL	
Zip 33021	Country BARBADO	Zip 33021	Country BARBADO

DO NOT WRITE IN THIS SPACE

4. FEI Number 70-0442449	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name WILLIAM A. TYLER	
Street Address (P.O. Box Number is Not Acceptable) 6834 STERLING RD.	
City HOLLYWOOD	Zip Code FL 33021

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, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	(NOTE: Registered Agent signature required when reinstating)	DATE
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MELVIN ASCHER APT 210E 5300 WASHINGTON ST. HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600033211916 04/20/04--01087--002 **150.00
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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Melvin Ascher** **4-13-04** **954-987-2567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)