

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

DOCUMENT # **P10124**

1. Entity Name
NBC BEVERAGE CORP.



FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90220 026 ***158.75

0358840 AV

Principal Place of Business
**ONE NORTH UNIVERSITY DRIVE
SUITE 400A
PLANTATION FL 33324**

Mailing Address
**ONE NORTH UNIVERSITY DRIVE
SUITE 400A
PLANTATION FL 33324**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2605822

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CAPORELLA, NICK A.
ONE N. UNIVERSITY DR.
PLANTATION FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
CAPORELLA, NICK A.
ONE N. UNIVERSITY DR.
PLANTATION, FL 33324** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVD
CAPORELLA, JOSEPH G
ONE N. UNIVERSITY DR
PLANTATION FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CAPORELLA, JOSEPH G.
ONE N. UNIVERSITY DR.
PLANTATION, FL 33324** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MCCOY, DEAN
ONE N. UNIVERSITY DR
PLANTATION FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
DEAN MCCOY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-03
Date

954-881-0922
Daytime Phone #

CR2E034 (10/02)