

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000042804

1. Entity Name
J & W BEVERAGE CORP.

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90107 010 ***550.00

Principal Place of Business 3850 BYRON DR. #4 RIVIERA BEACH FL 33404 US	Mailing Address 3850 BYRON DR. #4 RIVIERA BEACH FL 33404 US
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2. Principal Place of Business 6701 GARDEN Rd Suite, Apt. #, etc. 1	3. Mailing Address 6701 GARDEN Rd Suite, Apt. #, etc. 1
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DO NOT WRITE IN THIS SPACE

City & State RIVIERA Beach FL	City & State RIVIERA Beach FL	4. FEI Number 65-0415775	Applied For Not Applicable
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Zip 33404	Country US	Zip 33404	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDERS, JOHN 21581 HALSTEAD DRIVE BOCA RATON FL 33428	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SANDERS, JOHN 21581 HALSTEAD DRIVE BOCA RATON FL 33428	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
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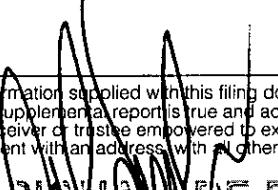
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not 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 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #