FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400007115**1. Corporation Name

NEW BOMBAY BEVERAGES, INC.

Principal Place of Business								
5815 S. DIXIE HWY.								

Mailing Address

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90145 036 ***150.00



5815 S. DIXIE H West Palm be		WEST PALM BEACH FL 33405						
MESI LATM DE	ACH FE 35405	WEGI THEM DENOTIFE SO	•		DO NOT WRITE IN TH	IIS SPACE		
					3. Date Incorporated or Qualifed			
					01/26/1994			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For	
- 7	26				65-0468351	Not	Applicable	
21 Suite, Apt. #	e, Apt. #, etc. Suite, Apt. #, etc.				\$8.7		dditional juired	
22		City & State			6. Election Campaign Financing	\$5.00	May Re	
City & State	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	У	8. This corporation owes the current year			
24	25 29 30				reisonal roperty rex.			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	a Agent		
			8	1 Name				
	L, JAY		8:	82 Street Address (P.O. Box Number is Not Acceptable)				
	FOREST HILL GARDEN BLVD.				·	<u> </u>		
#208			8:	3				
WES	T PALM BEACH FL 33415		8-	4 City		85 Zip C	ode	
	6 D - 41 CO7 051	00 COZ 1509 Elorida Statute	s the abo	ve-named corr	the state of the suppose	of changing its	registered	
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was au	thorized b	y the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as reg	istered	
agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statute	s.				
SIGNATURE					ad when reinstating). DATE			
	Signature, typed or printed name of registered age		<u> </u>	ent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO CITICENS	☐ Change	Addition	
TITLE	P		1.1 TITLE			ш- ,		
NAME	PATEL, JAY		1.2 NAME					
STALL TABLESO STEET STALLS TO THE STALL STALLS				ET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 3340		1.4 C∏Y-			☐ Change	Addition	
TITLE		☐ DELETE	2.1 TTTLE			Change		
NAME			2.2 NAME				ĺ	
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP		·		
TITLE		☐ DELETE	3.1 TITLE		•	_ Change	☐ Addition	
NAME			3.2 NAMI	€			ŀ	
STREET ADDRESS			3.3 STRE	ET ADDRESS				
			3.4. CITY				,	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAM					
				ET ADDRESS				
STREET ADDRESS			4.4 CITY					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	Addition	
TITLE		_ +	5.2 NAM					
NAME				ET ADORESS	•.		ļ	
STREET ADDRESS			5.4 CITY					
CITY-ST-ZIP		DELETE	6.1 TITLE			Change	Addition	
TITLE		↓ DELETE	6.2 NAM		•			
NAME	<i>n</i>							
STREET ADDRESS				ET ADDRESS				
O(T) (OT 710	. "	_	6.4 CITY	·ST-ZIP				

14. I hereby certify that the information supplied via 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 annual report or supplemental virual 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 receives at trougher empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ⊀

INTED NAME OF SIGNING OFFICER OR DIRECTOR