

2000 UNIFORM BUSINESS REPORT (UBR)

1-94000048639

DOCUMENT # P94000048639

1. Entity Name

Hobe Sound Beverage, Inc.

FILED

01 MAR -2 AM 11: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10355 S.E. Federal Hwy
Hobe Sound FL 33455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0504751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIPKA Shah
10355 S.E. Federal Hwy
Hobe Sound FL 33455

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.

SIGNATURE

D. K. Shah

3-1-01

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, 2000 Min. 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
DIP
DIPKA Shah
10355 S.E. Federal Hwy
Hobe Sound FL 33455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003851023-3
-03/13/01--01096--013
****300.00 ****300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 all other like empowered.

SIGNATURE:

D. K. Shah

3-1-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)



P94000048639

3300 P.G.A. Boulevard Suite 990
Palm Beach Gardens, FL 33410
561.799.3810
fax 561.799.1818

FILED
01-MAR-2 JAN 11 2001
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 11, 2001

Mr. Buck Kohr
Florida Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Hobe Sound Beverage, Inc.
P94000048639

Dear Buck:

Per our telephone conversation today, enclosed please find a completed Uniform Business Report and a check in the amount of \$300.00 to cover the costs of filing for this and last year.

As we discussed on the phone, my client mailed their original report on time last year, and for whatever reason, it was not credited properly. For this reason I am requesting that you waive the re-instatement fees.

Please expedite the handling of this transaction. At this time the Florida Lottery is threatening to suspend their lottery sales. With this in mind I ask that you contact Gwen Banks at the Lottery Department as soon as possible.

If you have any questions, or need to speak with my client or myself, please do not hesitate to give me a call.

Sincerely,


Jay B. Fischer
Accountant

3/2
3/2