

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049966

1. Entity Name

MARGI DISCOUNT BEVERAGE, INC.

FILED

Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90067 044 ***150.00

Principal Place of Business

2485 SOUTH MCCALL ROAD
UNIT # B
ENGLEWOOD FL 34224
US

Mailing Address

2485 SOUTH MCCALL ROAD
UNIT # B
ENGLEWOOD FL 34224
US

2. Principal Place of Business

2485 S. MCCALL RD.

3. Mailing Address

2485 S. MCCALL RD.

Suite, Apt. #, etc.

UNIT - B.

Suite, Apt. #, etc.

UNIT # B

City & State

ENGLEWOOD, FL.

City & State

ENGLEWOOD, FL.

Zip

34224

Country

U.S.A.

Zip

34224

Country

U.S.A.

4. FEI Number

65-0503237

Applied For

Not Applicable

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

GUNDERSON, MIKO P
% BATSEL MCKINLEY ITTERSAGEN GUNDERSON
1861 PLACIDA RD., SUITE 104
ENGLEWOOD FL 34223

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

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, ASHOK	
STREET ADDRESS	5855 PLACIDA RD., STE. 406	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ashok Patel (ASHOK PATEL)

3-20-01 (941)475-3495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)