

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90092 008 ***150.00

DOCUMENT # P94000072053

1. Entity Name
INTERNATIONAL BREWERY BUSINESS, INC.

Principal Place of Business

18885 S. MIAMI AVE.
 HOUSE
 MIAMI FL 33129
 US

Mailing Address

18885 S. MIAMI AVE.
 HOUSE
 MIAMI FL 33129
 US

2. Principal Place of Business

5149 NW 74TH AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

4. FEI Number

65-0524623

Applied For

Not Applicable

Zip

33166

Country

USA

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

RAMIREZ, HERNANDO
 1888 S. MIAMI AVE.
 HOUSE
 MIAMI FL 33129

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **SANCHEZ, HERNANDO SR**
 STREET ADDRESS **1888 S. MIAMI AVE**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ Addition
 NAME **RAMIREZ, HERNANDO SR.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **SANCHEZ, HERNANDO JR**
 STREET ADDRESS **1744 S MIAMI**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME **RAMIREZ, HERNANDO JR**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **RAMIREZ, DANIEL**
 STREET ADDRESS **1744 S MIAMI**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 (305) 500-9195

CR2E034 (9/01)