

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90282 010 \*\*\*150.00

0282963 AV

**DOCUMENT # P94000072053**

1. Entity Name  
**INTERNATIONAL BREWERY BUSINESS INC.**



Principal Place of Business  
**5149 NW 74TH AVE  
MIAMI FL 33166  
US**

Mailing Address  
**5149 NW 74TH AVE  
HOUSE  
MIAMI FL 33166  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0524623**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **RAMIREZ HERNANDO**

Street Address (P.O. Box Number is Not Acceptable)  
**5101 COLLINS AVENUE APT 8 P**

City **MIAMI BEACH** FL Zip Code **33140**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SANCHEZ, HERNANDO SR</b>	
STREET ADDRESS	<b>1888 S. MIAMI AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SANCHEZ, HERNANDO JR</b>	
STREET ADDRESS	<b>1744 S MIAMI</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RAMIREZ, DANIEL</b>	
STREET ADDRESS	<b>1744 S. MIAMI</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ HERNANDO SR.</b>	
STREET ADDRESS	<b>5101 COLLINS AVENUE APT 8 P</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ HERNANDO JR</b>	
STREET ADDRESS	<b>5101 COLLINS AVENUE APT 5 B</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ DANIEL</b>	
STREET ADDRESS	<b>5101 COLLINS AVENUE APT 5 B</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ **04/30/03 (305) 609-6298**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)