

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

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0524623

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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 **RAMIREZ HERNANDO**

Street Address (P.O. Box Number is Not Acceptable)

5101 COLLINS AVENUE APT 8P

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. 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 **P** ☒ Change ☐ Addition
NAME **RAMIREZ HERNANDO SR.**
STREET ADDRESS **5101 COLLINS AVENUE APT 8P**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE **V** ☐ Change ☐ Addition
NAME **RAMIREZ HERNANDO JR**
STREET ADDRESS **5101 COLLINS AVENUE APT 5B**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE **S** ☒ Change ☐ Addition
NAME **RAMIREZ DANIEL**
STREET ADDRESS **5101 COLLINS AVENUE APT 5B**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03 (305) 609-6298

Date

Daytime Phone #

CR2E034 (10/02)