2000 UNIFORM BUSINESS REPORT (UBR)

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Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P94000076012 1. Entity Name., BEVERAGE PLUS, INC. 04-17-2000 90007 031 ***150.00 Mailing Address Principal Place of Business 308 S. PRIMROSE DRIVE 308 S. PRIMROSE DRIVE ORLANDO FL 32803-6323 ORLANDO EL 32903. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3273213 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARKO, YURI Street Address (P.O. Box Number is Not Acceptable) 308 S. PRIMROSE DRIVE ORLANDO FL 32803 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE (15) MARKO, YURI NAME NAME 308 S. PRIMROSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ORLANDO FL 32803 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MARKO, INNA NAME NAME 308 S. PRIMROSE DRIVE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 -- Change Addition ☐ Delete TITLE TITLE VEKSLER, SVETLANA NAME NAME 308 S. PRIMROSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 Addition ☐ Delete TITLE ☐ Change TITLE VEKSLER, ANATOLIY A NAME 308 S. PRIMROSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ORLANDO FL 32803 ☐ Delete TITLE Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his 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 attachment with an address, with all attachment with an address.