FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State
06-13-2002 90390 001 ***400.00
06-13-2002 90390 002 ***150.00

DOCUMENT # P95000001858

1. Entity Name
DEL ORO JUICE MARKETING INC.

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92586

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2. Principal Place of Business	3. Mailing Address
1111 BRICKELL AVENUE	1111 BRICKELL AVENUE
Suite, Apt. #, etc. SUITE 2000	Suite, Apt. #, etc. SUITE 2000
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country US	Zip 33131 Country US

4. FEI Number 59-3290754 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name DAVID SMITH

Street Address (P.O. Box Number is Not Acceptable) 929 MALAGA AVENUE

City CORAL GABLES FL Zip Code 33134

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 DAVID SMITH 4/8/2002
Signature, type or print 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KEITH ALEXANDER 1111 BRICKELL AVENUE # 2000 MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT DAVID SMITH 1111 BRICKELL AVENUE MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SMITH 4/8/2002 011-506-6777103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #