## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED DOCUMENT # P95000095890 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** TITANIC BREWING COMPANY, INC. 03-30-2000 90033 035 \*\*\*150.00 Mailing Address Principal Place of Business 5813 PONCE DE LEON BLVD 5813 PONCE DE LEON BLVD CORAL GABLES FL 33146-2422 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0645958 Not Applicable Country \$8.75 Additional 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 JASLOW, CRAIG A Street Address (P.O. Box Number is Not Acceptable) 9351 FOUNTAINBLEAU BLVD SUITE B-307 **MIAMI FL 33172** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of eg nt and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS ☐ Addition Change □ Delete TITLE TITLE RUSK, KEVIN D NAME NAME STREET ADDRESS 5813 PONCE DE LEON BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Change Addition TITLE Delete NAME RUSK, MICHAEL 5813 PONCE DE LEON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 Sullivan Dr. Stephan ☐ Change ☐ Addition Delete TITLE <del>-sallium,</del> dr stephen NAME NAME Sullivan STREET ADDRESS 27350 RIDGE LAKE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 33923** CT Change ☐ Addition Delete TITLE TITLE SMIT. OLAV NAME 3109 GRAND AVE #273 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** Change ☐ Addition CT ☐ Delete TITLE TITLE Jerman, Gary NAME NAME 13948 FLETCHER MILL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** ☐ Addition Change ☐ Delete TITLE TITLE 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 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 30 other like empowered.

Kevin Rush