

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90141 001 ***300.00

DOCUMENT # P95000095890

1. Entity Name

TITANIC BREWING COMPANY, INC.

Principal Place of Business

Mailing Address

**5813 PONCE DE LEON BLVD
 CORAL GABLES FL 33146
 US**

**5813 PONCE DE LEON BLVD
 CORAL GABLES FL 33146
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0645958

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUSK, KEVIN D
 2431 TRAPP AVE
 MIAMI FL 33133**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RUSK, KEVIN D	5813 PONCE DE LEON BLVD	CORAL GABLES FL 33146	<input type="checkbox"/>
V	RUSK, MICHAEL	5813 PONCE DE LEON BLVD	CORAL GABLES FL 33146	<input type="checkbox"/>
S	SULLIVAN, DR. STEPHEN	27350 RIDGE LAKE CT	BONITA SPRINGS FL 33923	<input type="checkbox"/>
CT	SMIT, OLAV	3109 GRAND AVE #273	COCONUT GROVE FL 33133	<input checked="" type="checkbox"/>
CT	JERMAN, GARY	13948 FLETCHER MILL DR	TAMPA FL 33613	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other I am empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/22 305-668-1742
 Date Daytime Phone #

CP2E034 (9/01)