

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072075

1. Entity Name

CUBALIBRE BEER & ALE COMPANY, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90016 021 ***150.00

Principal Place of Business

Mailing Address

517 E. MICHIGAN ST.
ORLANDO FL 32806

517 E. MICHIGAN ST.
ORLANDO FL 32812-2711

4530 Curry Road Dr.
Orlando FL 32812

877 EXECUTIVE CENTER DR. Suite # 303
St Petersburg FL 33702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3407808

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITHSON, LISA CPA
877 EXECUTIVE CTR. DR. #303
ST. PETERSBURG FL 33702

Name

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

City

FL

Zip Code

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, 2000 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 P ☐ Delete
NAME CRESPI, JOSE LUIS
STREET ADDRESS 517 E. MICHIGAN ST.
CITY-ST-ZIP ORLANDO FL 32806

TITLE Director ☐ Change ☒ Addition
NAME Lisa L. Smithson
STREET ADDRESS 877 Executive Ctr. Dr. #303
CITY-ST-ZIP St. Petersburg, FL 33702

TITLE TS ☐ Delete
NAME BURRER, WILLIAM P
STREET ADDRESS 330 E. MICHIGAN ST.
CITY-ST-ZIP ORLANDO FL 32806

TITLE Director ☐ Change ☒ Addition
NAME Daniel M. Doyle Jr
STREET ADDRESS 3 Stonegate Drive
CITY-ST-ZIP Bellair, FL 33756

TITLE DVP ☐ Delete
NAME WESTON, CHIP
STREET ADDRESS 957 DUNRAVEN
CITY-ST-ZIP WINTER PARK FL 32792

TITLE CRESPI JOSE LUIS ☒ Change ☐ Addition
NAME 5216 LAKE MARGARET BL. Apt. 1107
STREET ADDRESS ORLANDO FL 32812

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2000

Daytime Phone #

CR2E034 (9/99)