

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90020 002 \*\*\*150.00

**DOCUMENT # P97000072808****1. Entity Name**  
**SISCO TROPICAL BEVERAGE, INC.****Principal Place of Business****250 WEST 74 PLACE**  
**SUITE 302**  
**HIALEAH FL 33114****Mailing Address****250 WEST 74 PLACE**  
**SUITE 302**  
**HIALEAH FL 33114****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number****65-0825187**

Applied For

Not Applicable

**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****SALVIETTI, LUCIANO D**  
**250 W 74 PL SUITE 302**  
**HIALEAH FL 33014**

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, 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** **PD** ☐ Delete  
**NAME** **STUARDO ENRIQUE COTO MARKUS**  
**STREET ADDRESS** **250 WEST 74 PLACE, STE 302**  
**CITY-ST-ZIP** **HIALEAH FL 33114****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **VSD** ☐ Delete  
**NAME** **SALVIETTI, LUCIANO**  
**STREET ADDRESS** **250 WEST 74 PLACE, STE 302**  
**CITY-ST-ZIP** **HIALEAH FL 33114****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**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

**24/April/2002** **305 388 5570**  
Date Daytime Phone #

CR2E034 (9/01)