## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P98000073115

1. Entity Name JUICE ONE, INC.

## Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90041 050 \*\*\*150.00

Suite. April #, etc.   Suite. April #, etc.   Suite. April #, etc.   CHECK HERE IF MAKING CHANGES  Cry & State   Country   Zrp   Country   S. Certificate of Status Desired   S8.75 Additional Force Appril Capital Place A	Principal Plac 1333 NORTHM PLANTATION	/EST 121 AVENUE	Mailing Address 1333 NORTHWEST 121 AVENUE PLANTATION FL 33323				11026801			
City & Status  Country  Sign Count	2. Principal P	lace of Business	3. Mailing Address				I (BBITABI IAN IBIDI LUTA MBIAL BURIL ABITE COALI	BOOK HINN HIND		
Country   Zip   Country   Zip   Country   S. Certificator of Status Desired   \$8.75 Accitional Face Required   \$8.75 Accitional rive Required   \$8.75 Accitional river Required   \$8.75 A	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES			
S. Certificated of Status Medical Current Registered Agent  AMERILAWYER  AMERILAWYER  ASA ALMERIA AVENUE  CORAL CABLES FI. 33134  CAY  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered discloor registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$180.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  MAY  MODUFFIE, OTIS J  SIRET ADDRESS  OTIV-ST-2P  PLANTATION FI. 33323  Dietes  Dietes  TILE  Dietes  Addition  MAKE  SIRET ADDRESS  SIRET ADDRESS  CITY-ST-2P  TILE  Dietes  TILE  Dietes  TILE  Dietes  SIRET ADDRESS  CITY-ST-2P  TILE  Dietes  Dietes  TILE  Dietes  Dietes  TILE  Dietes  Dietes  Dietes  Dietes  Dietes  Dietes  Diete	City & State	e . ·	City & State		4. F	FEI Number <b>65-0859429</b>	<b>———</b>			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FI. 33134    City   FL   Zip Code	Zip	Country	Zip	Countr	У	5. (	Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  B. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550,00 May 10, 200 Added to Fees when the purpose of changing its registered agent signature results should not not be purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida State of Florida. I am familiar with, and accept the obligation of Florida State of Florida State of Florida State of Florida State of Florida		6. Name and Address of Current	egistered Agent			7. Name and Address of New Registered Agent				
Addition  Atter May 1, 203 Fee will be \$550.00  Make Check Psyable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE  MAKE SIREF ADDRESS CITY ST-2P  FILE  MAKE SIREF ADDRESS CITY ST-2P  MAKE SIREF ADDRESS CITY ST-2P  FILE  MAKE SIREF ADDRESS CITY ST-2P  FI			Name							
343 ALMERIA AYENUE CORAL GABLES FL 33134    City   FL   Zip Code	<b>AMERILAY</b>	VYER	Street Address		/PO B	(P.O. Boy Number is Not Acceptable)				
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent and site is applicable.  SIGNATURE  Signature special printed name of registered agent and site is applicable. (In/OTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the collapse of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapse of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapse of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapse of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapse of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapse of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapse of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapse of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapse of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapse of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapse of Florida. I am familiar with, and accept the collapse of Florida. I am familiar with, and accept the collapse of Florida. I am familiar with, and accept the collapse of Florida. I am familiar with, and accept the collapse of Florida. I am familiar with, and accept the collapse of Florida. I am familiar with, and accept the collapse of Florida. I am familiar with, and accept the collapse of Florida. I am familiar with, and accept the collapse of Florida. I am familiar with, and accept the collapse of Florida. I am familiar with, and accept the collapse of Florida. I am familiar with, and accept the collapse of Flor	343 ALME	RIA AVENUE	Street Address		(P.O. Box Number is Not Acceptable)					
City   FL   Zip Code			•	Ī						
SIGNATURE    Signature   Signa	•			}	City		FL	Zip Code	•	
### NOW!!! FEE IS \$150.00 ### May 1, 2003 Fee will be \$550.00 ### May 1, 2003 Fee will be \$50.00 ### May 1, 2003 Fee will	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. I am familiar with, and accept									
### NOW!!! FEE IS \$150.00 ### May 1, 2003 Fee will be \$550.00 ### May 1, 2003 Fee will be \$50.00 ### May 1, 2003 Fee will	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5.0  Trust Fund Contribution.  Added									
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NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	name Street	1			☐ Change	Addition	
12. 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	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		NAME STREET CITY-S	ST-ZIP	Section 1	119 07/3)(i) Florida Statutes I further cer			

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR