

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019172

1. Entity Name

BEER EXPRESS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90010 042 ***150.00

Principal Place of Business

8600 SW 109TH AVENUE
SUITE 116
MIAMI FL 33173

Mailing Address

8600 SW 109TH AVENUE
SUITE 116
MIAMI FL 33173-4464

2. Principal Place of Business

13500 SW 88 ST.

3. Mailing Address

13500 SW 88 ST

Suite, Apt. #, etc.

STE. 140-7

Suite, Apt. #, etc.

STE. 140-7

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0898166

Applied For

Not Applicable

Zip

33186

Country

U.S.A.

Zip

33186

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSTAMANTE, JORGE
8600 SW 109TH AVENUE
SUITE 116
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

ANA MARIA DELGADO

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

20811 SW 126 CT.

City

Miami

FL

Zip Code

33177

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

Ana Delgado

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/7/00

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

TITLE PSD
NAME BUSTAMANTE, JORGE
STREET ADDRESS 8600 SW 109TH AVENUE
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE VPTD
NAME BUSTAMANTE, PATRICIA
STREET ADDRESS 8600 SW 109TH AVENUE
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V.D.
NAME ANA MARIA DELGADO
STREET ADDRESS 20811 SW 126 CT.
CITY-ST-ZIP MIAMI, FL 33177 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Ana Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANA MARIA DELGADO

3/7/00 (305) 5967744

Date

Daytime Phone #

CR2E034 (9/99)