

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067246

1. Entity Name

BOCA LIQUIDS GROUP, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90012 027 \*\*\*550.00

Principal Place of Business

6785 NORTH GRANDE DRIVE  
BOCA RATON FL 33433

Mailing Address

6785 NORTH GRANDE DRIVE  
BOCA RATON FL 33433

2. Principal Place of Business

1877 S. FEDERAL HWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

CITY & STATE

CITY & STATE

City & State

BOCA RATON, FL

Zip

33433

Country

Zip

Country

4. FEL Number

65-0937799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, ANDREW  
6785 NORTH GRANDE DRIVE  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

ANDREW GREENBERG

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

1877 S. FEDERAL HWY

City

BOCA RATON

State

FL

Zip Code

33433

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

*Andrew Greenberg*

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
ANDREW GREENBERG  
6785 NORTH GRANDE DRIVE  
BOCA RATON, FL 33433

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
FRANK BERLAND  
4260 NW 64th DR  
BOCA RATON, FL 33496

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER & SECRETARY  
JASON REEVES  
BOCA RATON, FL 334

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 667, 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:

*Andrew Greenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/7/00

Daytime Phone #

561-392-3667

CR2E034 (5/00)