2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000098291

1. Entity Name

RIGAL BEVERAGE, INC.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90154 034 ***150.00

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2. Principal l	Place of Busines	ss	3. Mailing	Address			-					
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				. CHECK HERE	F MAKING	CHANGES		
City & Sta	ite		City & S	State			4.	FEI Number 65-0972584			pplied For ot Applicable]
Zip		Country	Zip		Count	ry ·	5. (Certificate of Status Desired		\$8.75 Add	ditional	1
	6. Name a	rent Registered	Agent			Name and Address of New R			ent			
				ن سندي در مسيد الد	ي جماليسي الحاد ا	~Name →		سالانها بوج بدستهانتكات ما دست	<u></u>	5775 17 - 444	·	7-
	& NEIMAN, P.			Stree			eet Address (P.O. Box Number is Not Acceptable)					1
	CAYNE BLVD.,	SUITE 3550										4
Miami Fl	33131											
						City			FL	Zip Cod	de	7
	e named entity s		ent for the purpose	of changing it	s registere	d office or register	red ag	ent, or both, in the State of Flo	rida. I am f	amiliar with,	and accept	1
÷ -		za ugem.										
SIGNATURE	Signature, typed or	printed name of registered	agent and title if applicat	ole. (NO	TE: Registered	Agent signature required	d when re	einstating)	DATE			
	EILE NOWIII	FEE IS \$150.00			•							1
Afte	er May 1, 2003	Fee will be \$550 lorida Departme	.00					Selection Campaign Fin Trust Fund Contribution		\$5.0] Added	00 May Be d to Fees	
10.		OFFICERS /	AND DIRECTORS		11.		AC	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	1
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12. I hereby	certify that the in	nformation supplied	with this filing do	es not qualify for	or the exen	nption stated in Se	ection	119.07(3)(i), Florida Statutes. I	further cert	tify that the i	nformation	1
indicated of the co- changed	d on this report or progration or the I, or on an attach	r supplemental rep receiver or trustee iment with an apple	ort is true and acc empowered to exess, with all other	curate and that scute this report ike empowered	my signati t as require t	ure shall have the ed by Chapter 607	same l 7, Flori	legal effect as if made under o da Statutes; and that my name	ath; that I a appears in	m an officer i Block 10 or	or director r Block 11 if	

SIGNATURE:

305-598-4871

Daytime Phone #

2003 FOR PROFIT CORPORATION

SIGNATURE AND TWO FOR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

			IT CORPOR ESS REPOR		Affachm	ent
DOCU	JMENT #	P9900	00098291		900	ent 207567
Principal Plat 194 NE 186TI MIAMI FL 331			Mailing Address 194 NE 186TH TERR. MIAMI FL 33179			
2. Principal f	Place of Business		3. Mailing Address	<u> </u>		10 10101 14110 11619 10101 1101 1001
Suite, Apt	t. #, etc.	1.	Suite, Apt. #. etc.	,	CHECK HERE IF MAK	NG CHANGES
City & Sta	ite	•	City & State		4. FEI Number 65-0972584	Applied For
Zíp		Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name an	d Address of Current	Registered Agent		7. Name and Address of New Registers	
LAMONT	& NEIMAN, P.A	he in a comme		Name		
2 S. BISC	AYNE BLVD., S	SUITE 3550		- Street Address	s (P.OBox Number is Not Acceptable)	er en
MIAMI FL	33131	,	9			
	• .			City	F	Zip Code
	e named entity su		or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I a	m familiar with, and accept
Afte	ILE NOW!!! F	EE IS \$150.00		. Registered Agent signature requi	9. Election Campaign Financing	\$5.00 May Be
Make Chec	k Payable to Fl	orida Department o	f State		Trust Fund Contribution.	L. Added to Fees
TITLE	D	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS A	· <u>-</u>
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NAME STREET ADDRESS				NAME STREET ADDRESS		
CITY-ST-ZIP	1			CITY-ST-ZIP		·
indicated	on this recort or	supplemental report is	true and accurate and that m	v signature shall have the	Section 119.07(3)(i), Florida Statutes. I further : e same legal effect as if made under oath: that 07, Florida Statutes; and that my name appear	Lam an officer or director

1/15/03

305-598-4871

Daytime Phone #