

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

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90391 046 \*\*\*150.00

DOCUMENT # P 99000101200

1. Entity Name

AMERICA'S BEVERAGES INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5149 NW 74 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

4. FEI Number

65-0965178

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RAMIREZ HERNANDO

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

5149 NW 74 AVE MIAMI FLA

City

MIAMI

FL

Zip Code

33166

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
RAMIREZ HERNANDO SR.  
5149 NW 74 AVE MIAMI FLA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
RAMIREZ DANIEL  
5149 NW 74 AVE MIAMI FLA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
RAMIREZ HERNANDO JR.  
5149 NW 74 AVE MIAMI FLA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-06-02 305-7727436