

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90149 041 ***150.00

DOCUMENT # S03177

1. Entity Name
GINGER SPIRITS, INC.



Principal Place of Business
10800 BISCAYNE BLVD
STE 410
MIAMI FL 33161
US

Mailing Address
10800 BISCAYNE BLVD
STE 410
MIAMI FL 33161
US

2. Principal Place of Business

10800 Biscayne Blvd
Suite, Apt. #, etc.
850

3. Mailing Address

10800 Biscayne Blvd
Suite, Apt. #, etc.
Suite 850

City & State
Miami FL

City & State
Miami FL

Zip
33161

Country
USA

Zip
33161

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0223116**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASER, ALLAN M.
11900 BISCAYNE BLVD.
SUITE 807
MIAMI FL 33181

Name

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

City

FL

Zip Code

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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ROSENBERG, CHARLES**
STREET ADDRESS **10800 BISCAYNE BLVD., #401**
CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE **ST** ☐ Delete
NAME **ROSENBERG, CHARLES**
STREET ADDRESS **10800 BISCAYNE BLVD., #401**
CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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 10 or Block 11 if changed, 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 #

1/9/03 305)892-8600

CR2E034 (10/02)