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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	DIVISION O	F CORPORATIONS			
DOCUMENT # \$27	731 (6)				
UNLIMITED BEVERAGES, INC).		4 18 8 (18 11 11 11 11 11 11 11 11 11 11 11 11 1		6.6 11 616 11 18 51
Principal Place of Business	Mailing Address	 		l 1101 31311 91811 91011 31811	OLDER BIBIL IDDI
2030 NW BOCA RATON BLVD	2030 NW BOCA RATO				
BOCA RATON FL 33431 US	BOCA RATON FL 3349 US	31			·· ·· · · · · · · · · · · · · · · · ·
••			3. Date Incorporated or Qualified 01/28/1991	3a. Date of Last F 05/01/19	,
2. Principal Place of Business	2a. Malling Address		4. FEI Number		Applied For
	26		65-0243915		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State	City & State		6. Election Campaign Financing		00 May Be
]	28		Trust Fund Contribution		d to Fees
Z _(P) Country	Zip	Country	8. This corporation has liability for	-	199.032,
9. Name and Address of 0	29 Current Registered Agent	30	Florida Statutes Yes 10. Name and Address of New I	Registered Agent	
g, Name and Address of C	Ourient Registered Agent	81 Name	10. Name and Address of Note	TO BIOLOGICA REGILE	
BOHLMAN, CHRISTOPHER		B2 Street A	Address (P.O. Box Number is Not Accepta	ole)	
2030 NW BOCA RATON BLVD			address in the boundaries of the recording		
BAY 1		83			
BOCA RATON FL 33433		84 City		85 Z	ip Code
4 0	7 0500 and 607 1500 Fladda Otat.	tee the above people of	position a shorts this statement for the p.	FL C	ranistared office
 Pursuant to the provisions of Sections 60 or registered agent, or both, in the State of familiar with, and accept the obligations or 	V Section 607 0505 Florida Statute	Loo by the corporation of		Comment of the State of the Sta	
SIGNATURE Signature, typed or printed name of register	reo agont and title if applicable /N	IOTE Registered Agent signature re	squired when reinstating)	DATE	
SIGNATURE Signature, typed or printed name of register	red agont and tild if applicable //N	IOTE Registered Agent signature, re		DATE ICERS AND DIRECTO	ORS IN 12
SIGNATURE Signature, typed or printed name of register 2. OFFICEI UILE V	reo agont and title if applicable /N	IOTE Registered Agont signature re	squired when reinstating)	DATE	
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