2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39241 1. Entity Name SAN BENEDETTO MINERAL WATERS OF AMERICA, INC.				FILED 00 APR 27 AM II: 08				
								Principal Place of Business
420 s dixie hwy 3rd fl C/O mark r antonelli. Eso Coral gables fl 33146		420 S DIXIE HWY 3RD FL C/O MARK R ANTONELLI. ESO CORAL GABLES FL 33146-2222		B				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4. FEI Numbe	^{er} 59-3060818	<u> </u>	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Re	egistered Agent		7. Name and	Address of New Registe	ered Agent		
			Name					
ANTONELLI, MARK R, ESQ 420 S DIXIE HWY 3RD FL			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
COR	IAL GABLES FL 33146	•						
			City			FL Zip Code	е	
8. The above	named entity submits this statement for t	he purpose of changing its reg	istered office or registe	ered agent, or bo	th, in the State of Florida.			
SIGNATURE.	Signature, typed or printed name of registered agent and	1 title if applicable. (NOTE: Reg	gistered Agent signature require	ed when reinstating)		DATE		
Tax filing requirement and elects to do so After MA'		FILE NOW!!! F After MAY 1, 2000 Make Check Payable t	Fee will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS	CHANGES TO OFFICERS	S AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GRAUNSTADT, EARL 6 RHEINENBERGER ST LIECHTENSTEIN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Graunstadt, Earl Vaduz, 9490 Liechtenstei Liechtenstein	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIR.	-		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ~	TITLE	**	:000032: 	0041599 0041599 75 ****1	0 1 Addition 58.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SY-ZIP			Change .	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower.	rue and accurate and that my s	ignature shall have the	e same legal effec	ct as if made under oath: t	that I am an officer	or director	