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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 25, 2002 8:00 am S39241 DOCUMENT # **Secretary of State** 1. Entity Name SAN BENEDETTO MINERAL WATERS OF AMERICA, INC. 02-25-2002 90075 023 ***158.75 Principal Place of Business Mailing Address 420 S DIXIE HWY 3RD FL 420 S DIXIE HWY 3RD FL C/O MARK R ANTONELLI. ESQ C/O MARK R ANTONELLI. ESQ. CORAL GABLES FL 33146 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3060818 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTONELLI, MARK R, ESQ Street Address (P.O. Box Number is Not Acceptable) 420 S DIXIE HWY 3RD FL CORAL GABLES FL 33146 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE □ Change Addition GRAUNSTADT, EARL NAME NAME 6 RHEINENBERGER ST STREET ADDRESS STREET ADDRESS LIECHTENSTEIN CITY-ST-ZIP CITY-ST-7IP TITLE □ Addition TITLE ☐ Delete Change NAME GRAUNSTADT, EARL --NAME VADUZ, 9490 LIECHTENSTEI STREET ADDRESS STREET ADDRESS LIECHTENSTEIN CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE [7] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if