

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90041 018 ***150.00

DOCUMENT # F98000001482

1. Entity Name

CODORNIU NAPA, INC.

Principal Place of Business

Mailing Address

1345 HENRY ROAD
 NAPA CA 94559

1345 HENRY ROAD
 NAPA CA 94559-9705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3074046

Applied For 1
 Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENTON, MICHAEL	NAME	
STREET ADDRESS	19185 SEVENTH ST E	STREET ADDRESS	
CITY-ST-ZIP	SONOMA CA 95476	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGES, XAVIER	NAME	
STREET ADDRESS	PGE. FONTANELLES #9, 08017	STREET ADDRESS	
CITY-ST-ZIP	BARCELONA, SPAIN	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBRETH, DAVID	NAME	
STREET ADDRESS	1022 ROSS CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	NAPA CA 94558	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAENZ, MAGIN R	NAME	
STREET ADDRESS	CALATRAVAN #78, 08017	STREET ADDRESS	
CITY-ST-ZIP	BARCELONA, SPAIN	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTES, MANUEL R	NAME	
STREET ADDRESS	JUAN DE URPI #9, 00034	STREET ADDRESS	
CITY-ST-ZIP	BARCELONA, SPAIN	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTES, JORDI R	NAME	
STREET ADDRESS	ELEONOR DE PINOS #22, 08034	STREET ADDRESS	
CITY-ST-ZIP	BARCELONA, SPAIN	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 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

4/3/00

Date

707-224-1668

Daytime Phone #

CR2E034 '9/96'