

**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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
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