

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90364 011 ***150.00

DOCUMENT # F98000001482

1. Entity Name
CODORNIU NAPA, INC.

Principal Place of Business 1345 HENRY ROAD NAPA CA 94559	Mailing Address 1345 HENRY ROAD NAPA CA 94559
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 94-3074046	Applied For
	Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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, 2001 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	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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: _____ (707) 224-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)