

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0179753

DOCUMENT # P00000054321

03-19-2001 90461 007 ***150.00

1. Entity Name
CHEVERE WINE & LIQUORS, INC.

Principal Place of Business 85 GRAND CANAL DRIVE SUITE 306 MIAMI FL 33144	Mailing Address 85 GRAND CANAL DRIVE SUITE 306 MIAMI FL 33144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11437 SW 40 ST.	3. Mailing Address 85 GRAND CANAL DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. #306

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEL Number 65-1013965	Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>

Zip 33165	Country USA	Zip 33144	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREYRA, AYLEEN 85 GRAND CANAL DRIVE SUITE 306 MIAMI FL 33144	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Ayleen Pereyra* **AYLEEN PEREYRA PRES.** 3/9/01
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREYRA, AYLEEN 85 GRAND CANAL DRIVE MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ayleen Pereyra* **AYLEEN PEREYRA, PRES.** 3/9/01 305-220-9081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)