

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90207 038 \*\*\*150.00

DOCUMENT # **P24458**



1. Entity Name  
**SAN ANTONIO WINERY, INC.**

Principal Place of Business  
**737 LAMAR STREET  
LOS ANGELES CA 90031**

Mailing Address  
**737 LAMAR STREET  
LOS ANGELES CA 90031**

**60011413**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-1824179**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**JOHNSON BROTHERS BEVERAGES  
9380 NW 100TH ST.  
MEDLEY FL 33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	<b>RIBOLI, STEVE</b>	
STREET ADDRESS	<b>%737 LAMAR STREET</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>RIBOLI, SANTO</b>	
STREET ADDRESS	<b>%737 LAMAR STREET</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>RIBOLI, MADDALENA</b>	
STREET ADDRESS	<b>%737 LAMAR STREET</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Santo Riboli* **SANTO RIBOLI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2003

323 223-1401

Date Daytime Phone #

CR2E034 (10/02)