

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

0618438

DOCUMENT # P97000089480

1. Entity Name

CABERNET INTERNATIONAL GROUP, INC.

05-23-2001 90216 001 13,650.00

Principal Place of Business

**343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Mailing Address

**343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

2. Principal Place of Business

1840 SW. 22nd Street

3. Mailing Address

The Same

Suite, Apt. #, etc.

4th Floor

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33145

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Spiegel & Utrera, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
1840 S.W. 22nd Street

4th Floor

City **Miami**

FL

Zip Code
33145

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.

Spiegel & Utrera, P.A.

SIGNATURE **By:**

Signature typed or printed name of the registered agent and title if applicable

Natalia Ortega, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

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**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **SANCHEZ, ELSIE**
 STREET ADDRESS **343 ALMERIA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

Elsie Sanchez

4/27/01

Date

Daytime Phone #

CR2E034 (10/00)