

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23877

1. Entity Name

WORLD ASSOCIATION OF THE ALCOHOL BEVERAGE INDUST

Principal Place of Business

11035 S.W. 93 ST  
MIAMI FL 33176

Mailing Address

11035 S.W. 93 ST  
MIAMI FL 33176-2651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0188732

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

WESTMORELAND, COLLEEN F  
11035 S.W. 93 ST  
MIAMI FL 33176

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TATZ, DONNA W.  
CITY-ST-ZIP 2121 N. BAYSHORE DRIVE.  
MIAMI FL

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

TITLE ☐ Delete  
NAME D/V P  
STREET ADDRESS LINDNER, SIO  
CITY-ST-ZIP 2100 BISCAYNE BLVD.  
MIAMI FL 33137

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FLEISCHMAN, KATHY  
CITY-ST-ZIP 810 PINECREST  
MIAMI SPRINGS FL

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MORA, ALI  
CITY-ST-ZIP 2857 SW 27 AVENUE  
MIAMI FL

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

TITLE ☐ Delete  
NAME D/T  
STREET ADDRESS WESTMORELAND, COLLEEN F  
CITY-ST-ZIP 11035 S.W. 93 ST  
MIAMI FL 33176

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS CECILIA SALAS  
CITY-ST-ZIP 2100 BISCAYNE BLVD.  
MIAMI FL 33137

TITLE ☐ Change ☐ Addition  
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90231 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)