

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000041029**1. Entity Name  
MBT WINE & SPIRITS, INC.**Principal Place of Business**

130 NE 1ST AVENUE

HALLANDALE  
33009

FL

**Mailing Address**

130 NE 1ST AVENUE

HALLANDALE  
33009

FL

**2. Principal Place of Business**

140 NE 1ST AVENUE

**3. Mailing Address**

140 NE 1ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

HALLANDALE

FL

**City & State**

HALLANDALE

FL

**Zip**

33009

**Country****Zip**

33009

**Country****4. FEI Number****65-1002620****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**RAYKHSHTAT JULIA  
20937 BAY CT., #114VENTURA  
33180

US

FL

**7. Name and Address of New Registered Agent****Name**

RAY JULIA

**Street Address (P.O. Box Number is Not Acceptable)**

20937 BAY CT., #114

City  
AVENTURA

FL

Zip Code  
33180

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 **JULIA RAY**

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

(NOTE: Registered Agent signature required when reinstating)

**04/26/2001**

DATE

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**

TITLE	T	<input type="checkbox"/> Delete
NAME	SKOUMS SERGEY	
STREET ADDRESS	500 BAYVIEW DR., #117	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALAKHOV VLADIMIR	
STREET ADDRESS	8855 COLLINS AVE., #3B	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	V	<input type="checkbox"/> Delete
NAME	NESTSCHERET VADIM	
STREET ADDRESS	8855 COLLINS AVE., #4J	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAYKHSHTAT JULIA	
STREET ADDRESS	20937 BAY CT., #114	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY JULIA	
STREET ADDRESS	20937 BAY CT., #114	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:** Julia Ray

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)