

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N23877

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: WORLD ASSOCIATION OF THE ALCOHOL BEVERAGE INDUSTRIES, INC.

Current Principal Place of Business:

11035 S.W. 93 ST
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11035 S.W. 93 ST
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0188732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: LINDNER, SIO
Address: 2100 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: FLEISCHMAN, KATHY
Address: 810 PINECREST
City-St-Zip: MIAMI, FL 33166

Title: DT () Delete
Name: WESTMORELAND, COLLEEN F
Address: 11035 S.W. 93 ST
City-St-Zip: MIAMI, FL 33176

Title: P () Delete
Name: SALAS, CECILIA
Address: 2100 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: MORA, ALICIA
Address: 2857 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Change (X) Addition
Name: CIUCA, GARY
Address: 3155 MARY STREET
City-St-Zip: MIAMI, FL 33133

Title: SEC () Change (X) Addition
Name: UEHLE, ROSE
Address: 175 S.E. 25 ROAD #11C
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN F. WESTMORELAND

TREA

04/28/2002

Electronic Signature of Signing Officer or Director

Date