

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000041029

FILED
Feb 11, 2003
Secretary of State

Entity Name: MBT WINE & SPIRITS, INC.

Current Principal Place of Business:

125 SE 1 AVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

125 SE 1 AVE
HALLANDALE, FL 33009

New Mailing Address:

20937 BAY CT, #114
AVENTURA, FL 33180

FEI Number: 65-1002620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAY, JULIA
20937 BAY CT., #114
AVENTURA, FL 33180 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAY, JULIA
Address: 20937 BAY CT., #114
City-St-Zip: AVENTURA, FL 33180

Title: V () Delete
Name: NESTSCHERET, VADIM
Address: 8855 COLLINS AVE., #4J
City-St-Zip: MIAMI BEACH, FL 33154

Title: V () Delete
Name: MALAKHOV, VLADIMIR
Address: 8855 COLLINS AVE., #3B
City-St-Zip: MIAMI BEACH, FL 33154

Title: T (X) Delete
Name: SKOUMS, SERGEY
Address: 3530 MYSTIC POINTE DR. #LP-11
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA RAY

P

02/11/2003

Electronic Signature of Signing Officer or Director

Date