## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 223846 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name FOY'S LIQUORS, INC. 04-11-2000 90006 048 \*\*\*150.00 Mailing Address Principal Place of Business 12805 SW 103 CT 12805 SW 103 CT MIAMI FL 33176 MIAMI FL 33176-5510 US US **6060600**W 2. Principal Place of Business 3. Mailing Address SAme SAME Suite Apt. #; wtc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & Siste City & State 4. FEI Number 59-0867466 Not Applicable Zip Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required 7.\_Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JORDAN, JOSEPH, P.A. Street Address (P.O. Box Number is Not Acceptable) 1551 FORUM PLACE, SUITE 500E WEST PALM BEACH FL 33401 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE ☐ Delete TITLE YOUNG, CLYDE NAME 12805 SW 103 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176-5510 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change . ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:** 

IGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

(305) 235-9461

Daytime Phone #