

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # 257355**1. Entity Name
BODEGAS MORERA INC

Principal Place of Business	Mailing Address
P.O. BOX 4057	P.O. BOX 4057
WEST PALM BEACH FL 33402	WEST PALM BEACH FL 33402

2. Principal Place of Business	3. Mailing Address
222 LAKEVIEW AVE	222 LAKEVIEW AVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 1500	SUITE 1500

City & State	City & State
WEST PALM BEACH FL	WEST PALM BEACH FL

Zip	Country	Zip	Country
33401	US	33401	US

4. FEI Number	Applied For
59-1220834	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PINCOURT, A. KENNETH
222 LAKEVIEW AVE., SUITE 1500
P.O. BOX 4057
W. PALM BCH. FL 33402

7. Name and Address of New Registered Agent

Name	PINCOURT A KJR.
Street Address (P.O. Box Number is Not Acceptable)	222 LAKEVIEW AVE
SUITE 1500	
City	WEST PALM BEACH. FL
Zip Code	33401

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 **A. K. PINCOURT, JR.****03/22/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	STD EDWARDS, TROY
STREET ADDRESS	222 LAKEVIEW AVE.
CITY-ST-ZIP	W. PALM BCH. FL
TITLE	<input type="checkbox"/> Delete
NAME	PD PINCOURT, A. KENNETH JR.
STREET ADDRESS	222 LAKEVIEW AVE.
CITY-ST-ZIP	W. PALM BCH. FL
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 checked="" type="checkbox"/> Addition
NAME	VPD VALDES THOMAS A
STREET ADDRESS	222 LAKEVIEW AVE
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPD MALTBY JAY S
STREET ADDRESS	222 LAKEVIEW AVE
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD EDWARDS TROY
STREET ADDRESS	222 LAKEVIEW AVE.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD PINCOURT A. KJR.
STREET ADDRESS	222 LAKEVIEW AVE
CITY-ST-ZIP	WEST PALM BEACH FL 33401
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: TROY EDWARDS**T****03/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)