

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 350978

1. Entity Name

SOUTHERN WINE & SPIRITS OF AMERICA, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90026 004 \*\*\*150.00

Principal Place of Business

Mailing Address

1600 N.W. 163RD STREET  
MIAMI FL 33169

1600 N.W. 163RD STREET  
MIAMI FLA 33169-5641

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1285876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREIER, ROBERT G ESQ.  
BREIER AND SEIF, P.A.  
2800 PONCE DE LEON BLVD., SUITE 1125  
CORAL GABLES FL 33134-6912

Name

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

City

FL

Zip Code

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)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CEOD	CHAPLIN, HARVEY R	1600 N.W. 163RD ST.	MIAMI FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PCOD	CHAPLIN, WAYNE E.	1600 N.W. 163RD ST.	MIAMI FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ISIDORE A. BECKER	1600 N.W. 163RD ST.	MIAMI FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	ELLIOT DINNERSTEIN	1600 N.W. 163RD ST.	MIAMI FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SRVP	DICK, MELVIN A	1600 NW 163RD ST	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPT	BECKER, STEVEN R	1600 N.W. 163RD ST.	MIAMI FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Becker, VP/Treasurer

01/07/00

(305) 625-4171

Date

Daytime Phone #

CR2E034 (9/99)