


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-28-2003 90336 019 ****50.00
06-02-2003 90200 009 ***100.00

DOCUMENT # 350978

1. Entity Name
SOUTHERN WINE & SPIRITS OF AMERICA, INC.



Principal Place of Business
**1600 N.W. 163RD STREET
MIAMI FL 33169**

Mailing Address
**1600 N.W. 163RD STREET
MIAMI FL 33169**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-1285876**

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **CEO**
STREET ADDRESS **CHAPLIN, HARVEY R**
CITY - ST - ZIP **1600 N.W. 163RD ST.
MIAMI FL 33169**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME **PCOD**
STREET ADDRESS **CHAPLIN, WAYNE E.**
CITY - ST - ZIP **1600 N.W. 163RD ST.
MIAMI FL 33169**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME **S**
STREET ADDRESS **HAGER, LEE**
CITY - ST - ZIP **1600 N.W. 163RD ST.
MIAMI FL 33169**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME **SRVP**
STREET ADDRESS **DICK, MELVIN A**
CITY - ST - ZIP **1600 NW 163RD ST
MIAMI FL**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME **VPT**
STREET ADDRESS **BECKER, STEVEN R**
CITY - ST - ZIP **1600 N.W. 163RD ST.
MIAMI FL 33169**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, will or other like empowered.

SIGNATURE: Signature Required **Steven Becker** **3/07/03** **(305) 625-4171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)