

2001 UNIFORM BUSINESS REPORT (UBR)

0182470

DOCUMENT # 436244

1. Entity Name

PALM LIQUOR, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -1 PM 3:05

Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2300 Coral Way Suite, Apt. #, etc. Suite # 200 City & State Miami, Florida Zip 33145	3. Mailing Address 2300 Coral Way Suite, Apt. #, etc. Suite # 200 City & State Miami, Florida Zip 33145
--	--

4. FEI Number 59-1490404	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI FL 33145
--

7. Name and Address of New Registered Agent 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 <i>[Signature]</i> AMADA CANTERA LOPEZ, President (NOTE: Registered Agent signature required when reinstating)	DATE 4/23/01
---	-----------------

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 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	PT GARCIA, ORLANDO 3031 S.W. 78TH CT. MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004136409--3 -05/04/01--01057--020 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/15/01	DAYTIME PHONE #
---	---------------	-----------------

CR2E034 (10/00)