

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 23 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001488

1. Entity Name

CLOS LA CHANCE WINES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21511 SARATOGA HEIGHTS

Suite, Apt. #, etc.

3. Mailing Address

21511 SARATOGA HEIGHTS

Suite, Apt. #, etc.

City & State  
SARATOGA, CA

Zip  
95070

Country

City & State  
SARATOGA, CA

Zip  
95070

Country

4. FEI Number  
770406966

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

City  
TALLAHASSEE

FL

Zip Code  
32301-2525

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>WILLIAM MURPHY<br>21511 SARATOGA HEIGHTS<br>SARATOGA, CA 95070 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>BRENDA MURPHY<br>21511 SARATOGA HEIGHTS<br>SARATOGA, CA 95070  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda Murphy BRENDA MURPHY

04-20-02

800-788-0212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)