2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am Secretary of State **DOCUMENT #** F01000004487 1. Entity Name 02-11-2002 90093 037 ***150.00 D'ANDREA WINE AND LIQUOR IMPORTS, INC. Mailing Address Principal Place of Business PO BOX 17190 670 RODI RD PITTSBURGH PA 15235 PITTSBURGH PA 15235 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 25-1414768 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PREMIER BEVERAGE COMPANY, LLC Street Address (P.O. Box Number is Not Acceptable) 3700 COMMERCE PARKWAY MRAMAR FL 33025 Zip Code City 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE yped or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITI F ☐ Delete TITLE NAME D'ANDREA, JOHN NAME STREET ADDRESS STREET ADDRESS 670 RODI RD CITY-ST-ZIP PITTSBURGH PA 15235 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE **VS** ☐ Delete NAME NAME D'ANDREA, FRANK STREET ADDRESS STREET ADDRESS 670 RODI RD CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA 15235 ☐ Change Addition TITLE ☐ Delete TITLE D۷ NAME D'ANDREA, HENRY NAME STREET ADDRESS STREET ADDRESS 670 RODI RD CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA 15235 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED