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FILED May 21, 2002 8:00 am Secretary of State

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2002 UNIFORM BUSINESS REPORT (UBR)

Mining Address Victories Months Company Victories Months Victo	DOCUMENT # F9300001478 Entity Name THE VICTOIRE FRENCH-AMERICAN WINE AND SPIRITS CO					03-06-20	02 90041 037 **	*150.00	
WCTOBLE MPORTS COMPANY 1970 CATALUNA STREET SAN LEARDRO CA 94577 US SUEA, APL 4, etc. City & State City & State City & State City & State Country Zo C	MPANY, INC.					<i>₩ ₩</i> ∪ ⊥	U &		
Suite, Apt. 4, etc. Suite, Ap	victoire imports company 14310 Catalina Street San Leandro Ca 94577		VICTOIRE IMPORTS COMPANY 14310 CATALINA STREET SAN LEANDRO CA 94577						
Suite, Apr. 4, 40C. Suite Apr. 4, 40C. Suite City & State April A	Ų3					i fablijār line sanda imm zavin saku er	IN STALLA TERSE NACINA USAS STALLA	771 MII 1981	
City & State City & State City & State City & State City Country 2/2 Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
E. Name and Address of Current Registered Agent 1. Name and Address of New Registered Agent 1. Name and Address and New Registered	City & State		City & State		4, F				
6. Name and Address of Current Registered Agent Name	Zip Country		Zip Country			5. Centificate of Status Desired Fee Required			
LEVITAS, SAMUEL L 1405 SW 10TH AVE POMPANO BEACH FL 33069 8. The above named entity submits this statement for the purpose of changing its registered office or registance agent, or both, in the State of Riorida. Invest			-Intered Arrent		7. N	ame and Address of New Regi	stered Agent		
ENTIAS, SAMUEL 1 1405 SW 10TH AVE POMPANO BEACH FL 33069 City Possible Is an Applicate it for Application for the purpose of changing its registered office or registered agent, or both, in the State of Florida. JANET AS RE SIGNATURE Signature, logists created name of registered spert and deal to proceeds NOTE increased Apoll Symbols and or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 After		6. Name and Address of Current Res	HORSI ON WHOSE	Name	١ سي			1	
B. The above named entity aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE STATE	1405 SW	IOTH AVE	Street Ac	dres (PO B	au Nimbor is Not Acceptable)				
SIGNATURE Delate		•	•	City	ensa	cola	FL 457	506	
TITLE NAME STREET ADDRESS STREET ADD	SIGNATURE Signature, foold or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution.						cing \$5.0	O May Se to Fees	
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	(See criteri		i		AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	114	OFFICERS AND DI				DITIONS/OFFATOES TO SEE IS		☐ Addition &	
TITLE NAME HINMAN, JOHN STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94111 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE TIT	NAME STREET ADDRESS	GROMAN, WILLIAM 6S BORDEAUX CT.	∟ Detete	NAME STREET ADDRESS					
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	NAME STREET ADDRESS	S HINMAN, JOHN 244 CALIFORNIA ST., STE. 300	□ Delete	NAME Street address		· ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST	NAME STREET ADDRESS	ONT PROTOSO ON STILL	ুল স্কি⊡ Delete	NAME STREET ADDRESS					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL CHANGE Addition Change Addition Change Addition Change Addition	TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	Addation	
GIV-SI-CP . Section 139 07(3VI) Florida Statutes, I further certify that the Information	TITLE NAME STREET ADDRESS		☐ Delete .	NAME Street address	:			☐ Addition	
		certify that the information supplied with the	nis filing does not quality for the	in exemption sta	ited in Section	119.07(3)(I), Florida Statutes. I fe legal effect as if made under oa	urther certify that the li th; that I am an officer	nformation or director	

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTLY

2/21/02

510-352-7390

Davime Phone #