

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90146 001 \*\*\*100.00  
03-18-2003 90146 002 \*\*\*\*50.00

**DOCUMENT # F98000001482**

1. Entity Name  
**CODORNIU NAPA, INC.**



Principal Place of Business  
**1345 HENRY ROAD  
NAPA CA 94559**

Mailing Address  
**1345 HENRY ROAD  
NAPA CA 94559**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **94-3074046**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P** ☐ Delete  
NAME **KENTON, MICHAEL**  
STREET ADDRESS **19185 SEVENTH ST E**  
CITY-ST-ZIP **SONOMA CA 95476**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **PAGES, XAVIER**  
STREET ADDRESS **PGE. FONTANELLES #9, 08017**  
CITY-ST-ZIP **BARCELONA, SPAIN**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **GILBRETH, DAVID**  
STREET ADDRESS **1022 ROSS CIRCLE**  
CITY-ST-ZIP **NAPA CA 94558**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **SAENZ, MAGIN R**  
STREET ADDRESS **CALATRAVAN #78, 08017**  
CITY-ST-ZIP **BARCELONA, SPAIN**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **ARTES, MANUEL R**  
STREET ADDRESS **JUAN DE URPI #9, 00034**  
CITY-ST-ZIP **BARCELONA, SPAIN**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VC** ☐ Delete  
NAME **ARTES, JORDI R**  
STREET ADDRESS **ELEONOR DE PINOS #22, 08034**  
CITY-ST-ZIP **BARCELONA, SPAIN**

TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED Michael Kenton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/03**

Date

**707-224-9601**

Daytime Phone #

CR2E034 (10/02)