

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90178 022 ***150.00

DOCUMENT # F98000003064

1. Entity Name

NOLET SPIRITS U.S.A., INC.

Principal Place of Business

Mailing Address

**30 JOURNEY
 ALISO VIEJO CA 92672**

**30 JOURNEY
 ALISO VIEJO CA 92656-3317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

88-0341090

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

Name

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

City

FL

Zip Code

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	DP	<input type="checkbox"/> Delete
NAME	ELDIEN, WILLIAM L	
STREET ADDRESS	30 JOURNEY	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	NOLET, CAROLUS H.J. JR.	
STREET ADDRESS	30 JOURNEY	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL H.J. NOLET, SR.	
STREET ADDRESS	30 JOURNEY	
CITY-ST-ZIP	ALISO VIEJO, CAL, 92656	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB NOLET	
STREET ADDRESS	30 JOURNEY	
CITY-ST-ZIP	ALISO VIEJO, CAL, 92656	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANS De Mos	
STREET ADDRESS	30 JOURNEY	
CITY-ST-ZIP	ALISO VIEJO, CAL, 92656	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN IJFF	
STREET ADDRESS	30 JOURNEY	
CITY-ST-ZIP	ALISO VIEJO, CAL, 92656	

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:

Eduardo L. Jordan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2000

949-448-5700

CR2E034 (9/99)