

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90196 044 \*\*\*150.00

**DOCUMENT # F98000003064**

1. Entry Name  
**NOLET SPIRITS U.S.A., INC.**

Principal Place of Business <b>30 JOURNEY          ALISO VIEJO CA 92672</b>	Mailing Address <b>30 JOURNEY          ALISO VIEJO CA 92672</b>
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2. Principal Place of Business <b>30 JOURNEY</b> Suite, Apt. #, etc.	3. Mailing Address <b>30 JOURNEY</b> Suite, Apt. #, etc.
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City & State <b>Aliso Viejo, CA</b>	City & State <b>Aliso Viejo, CA</b>
Zip <b>92656</b>	Zip <b>92656</b>
Country	Country

4. FEI Number <b>88-0341090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed 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 filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election-Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP <input type="checkbox"/> Delete	<b>ELDIEN, WILLIAM L</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>30 JOURNEY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALISO VIEJO CA 92656</b>	CITY-ST-ZIP	
DVST <input type="checkbox"/> Delete	<b>NOLET, CAROLUS H.J. JR.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>30 JOURNEY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALISO VIEJO CA 92656</b>	CITY-ST-ZIP	
CD <input type="checkbox"/> Delete	<b>NOLET, CARL H SR.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>30 JOURNEY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALISO VIEJO CA 92656</b>	CITY-ST-ZIP	
D <input type="checkbox"/> Delete	<b>NOLET, BOB</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>30 JOURNEY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALISO VIEJO CA 92656</b>	CITY-ST-ZIP	
D <input type="checkbox"/> Delete	<b>DEMOS, HANS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>30 JOURNEY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALISO VIEJO CA 92656</b>	CITY-ST-ZIP	
D <input type="checkbox"/> Delete	<b>IJFF, JAN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>30 JOURNEY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALISO VIEJO CA 92656</b>	CITY-ST-ZIP	

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: William L Eldien **William L. Eldien** 1/25/01 (949) 448-5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)