

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90017 047 ***150.00

DOCUMENT # F98000006191

1. Entity Name

GLOBAL VINEYARD IMPORTERS INC

80093204

2. Principal Place of Business
1654 SOLANO AVE

3. Mailing Address
211 WAPOO

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

SUITE 202

City & State

BERKELEY, CA

City & State

CALISTOGA, CA

4. FEI Number

94-3396384

Applied For

Not Applicable

Zip

94707

Country

ALAMEDA

Zip

94515

Country

NAPA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301

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)** ☐

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME CHALLACOMBE, LARRY
STREET ADDRESS 2234 STUART ST
CITY - ST - ZIP BERKELEY, CA 94705

TITLE
NAME ST POWERS, JIM
STREET ADDRESS 22 AARON DR
CITY - ST - ZIP NOVATO, CA 94949

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JIM POWERS

04-20-02

800-788-0212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)