

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAR -5 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012772 AF

DOCUMENT # L00000008628

1. Entity Name
WINE FOR EVERYONE LLC

Principal Place of Business

10120 S.W. 5TH STREET
PLANTATION FL 33324

Mailing Address

10120 S.W. 5TH STREET
PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

15-1025613

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSELLE, HERBERT I M.D.
10120 S.W. 5TH STREET
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

HERBERT I MOSELLE MD 02/20/01
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: PRESIDENT
NAME: HERBERT I MOSELLE
STREET ADDRESS: 10120 SW 5TH
CITY-ST-ZIP: PLANTATION FL 33324

TITLE: V-PRES.
NAME: MARCIA MOSELLE
STREET ADDRESS: 10120 SW 5TH
CITY-ST-ZIP: PLANTATION FL 33324

TITLE:
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10. ADDITIONS/CHANGES

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Herbert Moselle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

954 4752611

CR2E083 (11/00)