2001 UNIFORM BUSINESS REPORT (UBR) L00000008628 **DOCUMENT#** 1. Entity Name WINE FOR EVERYONE LLC Principal Place of Business Mailing Address 10120 S.W. 5TH STREET 10120 S.W. 5TH STREET PLANTATION FL 33324 PLANTATION FL 33324

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal P	Pace of Business	3. Mailing Address			4 198(198) 8() 69() 89() 89() 88() 80() 98() 98() 98() 98() 98() 98() 98()					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	e	City & State			4. FEI Number			_ 	oplied For]
		<u> </u>			15-10256/3			Not Applicable		
Zip	Country	Zip	Coun	try _,				\$5.00 Add Fee Require	.00 Additional Required	
	6. Name and Address of Current	t Registered Agent			7. Name a	nd Address of New	Registered /	Agent	-	
MOSELLE, HERBERT 1 M.D.				Name Street Address (P.O. Box Number is Not Acceptable)						
10120 S.W. 5TH STREET										
PLANTATI	ION FL 33324		'							
				City			FL	Zip Cod	e	
8. The above	named entity submits this statement for	or the purpose of changing	j its registere	_	-		,	. /		
SIGNATURE _	Signature and of printed named registered agent	HEN B	CR7 (d Agent signature requir		LEND	02/2	20/0.			
	. digital printed harrow registered agent	tano inte il applicable.	INOTE, Hogistora	a Agent signatura requi	TOO WHEN TO INSLANING!		PAIL	/		1
		l l		FEE IS \$50.00 o Department		·				
9.	MANAGING MEMB		10.		 	ADDITION	S/CHANGES			1
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NAME	MARCIA MOSELLE 10120 54 5 ST		NAM				P		·	
STREET ADDRESS CITY-ST-ZIP	PLANTATION FL 33329			-ST-ZIP	00000382952(-03/09/01-01146					
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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:

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