

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010908 AF

DOCUMENT # L00000009367

1. Entity Name  
GLOBAL WINE AND SPIRITS, LLC

FILED

01 MAY -2 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10802 S.W. 75 TERRACE  
MIAMI FL 33173

Mailing Address

10802 S.W. 75 TERRACE  
MIAMI FL 33173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3663 S.W. 8th STREET

Suite, Apt. #, etc.

THIRD FLOOR

City & State  
MIAMI, FL.

Zip  
33135

Country  
USA

3. Mailing Address

3663 S.W. 8th ST

Suite, Apt. #, etc.

THIRD FLOOR

City & State  
MIAMI, FL

Zip  
33135

Country  
USA

4. FEI Number

05-1038192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALONSO, JAIME  
10802 S.W. 75 TERRACE  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

FELIPE A. VALLS, JR

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

3663 S.W. 8th ST. THIRD FLOOR

City

MIAMI

FL

Zip Code

33135

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

FELIPE A. VALLS, JR, MANAGER/MEMBER 4/29/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MEMBER VALLS JR, FELIPE A. 3663 S.W. 8th ST. THIRD FLOOR MIAMI, FL. 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LEAL, SILVIO A 3663 S.W. 8th ST. THIRD FLOOR MIAMI, FL. 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ALONSO, JAIME 3663 S.W. 8th ST. THIRD FLOOR MIAMI, FL. 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ARBELAEZ, MAURICIO 3663 S.W. 8th ST. THIRD FLOOR MIAMI, FL. 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

FELIPE A. VALLS, JR, MANAGER/MEMBER (305) 446-4916

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

Date

Daytime Phone #

CR2E083 (11/00)