

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90032 023 *****50.00

0016037

DOCUMENT # L01000000912

1. Entity Name

PENINSULA BEVERAGE, LLC

Principal Place of Business

**499 EAST PALMETTO PARK RD., STE. 206
 BOCA RATON FL 33432**

Mailing Address

**499 EAST PALMETTO PARK RD., STE. 206
 BOCA RATON FL 33432**

2. Principal Place of Business

2315 Stirling Road

3. Mailing Address

2315 Stirling Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dania Florida

City & State

Dania, Florida

Zip

33312

Country

U.S.A.

Zip

33312

Country

U.S.A.

4. FEI Number

65-1078079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PICCIOTTO, DANIEL
 499 EAST PALMETTO PARK RD., STE. 206
 BOCA RATON FL 33432**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGRM Daniel Picciotto
 STREET ADDRESS **499 East Palmetto Park Rd**
 CITY-ST-ZIP **Boca Raton, Florida 33432**

TITLE NAME ☐ Delete
MGRM Melissa Gordon
 STREET ADDRESS **750 Everett Street**
 CITY-ST-ZIP **Norwood, MA 02062**

TITLE NAME ☐ Delete
MGRM Patricia Picciotto
 STREET ADDRESS **2315 Stirling Road**
 CITY-ST-ZIP **Dania, Florida 33432**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 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:

PICCIOTTO, DANIEL

Jan 16/02 954-966997

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

Date

Daytime Phone #

CR2E083 (9/01)