

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90203 006 ****50.00

DOCUMENT # L01000006279

1. Entity Name

WINES-N-LIQUORS, LLC

Principal Place of Business

**10985 HAWKS VISTA ST.
 PLANTATION FL 33324**

Mailing Address

**10985 HAWKS VISTA ST.
 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

4. FEI Number

XC-65 1101476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LEVINE & SEGAUL, P.A.
 4300 N. UNIVERSITY DRIVE-A-106
 FORT LAUDERDALE FL 33351**

7. Name and Address of New Registered Agent

Name **JAIKISHIN U. BABANI**

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

10985, HAWKS VISTA ST.,

City **PLANTATION**

FL

Zip Code **33324**

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

(JAIKISHIN BABANI)

04/22/02

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 **MGRM** ☐ Delete
 NAME **BABANI, RAMESH U**
 STREET ADDRESS **PO BOX 26.218**
 CITY-ST-ZIP **28020 MADRID SPAIN**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

(JAIKISHIN U. BABANI)

04/22/02

(954) 236-8105

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

Date

Daytime Phone #

0013768

CR2E083 (9/01)