LIMITED LIABILITY COMPANY · UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032155

1. Entity Name

INTERNATIONAL WINES SALES, LLC



02-24-2003 90047 044 ****55.00 L02000032155

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DO NOT WRITE			SECHLIVAL) UN TALLAMASSEE, F	STATE LORIDA
ATTN: JACK LOWELL	ATTN: JACK I	LOWELL	1	
2. Principal Place of Business 305 ALHAMBRA CIRCLE	355 ALHAMBR	ARIROLE		
Suilg, Apt. #, etc.	Suite, Apt. #, etc.	,, (1,000	DO NOT WRITE IN	THIS SPACE
City & State	#900 City & State		4. FEI Number	Applied For
CORAL GARLES, FL	CORAL GARLE	3 FL	THE NUMBER OF THE PARTY OF THE	Not Applicable
2ip 33/34 Country Mausa	^{Zip} 33134	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required
			7. Name and Address of Current Regis	
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DO NOT W		Street Address (P.O. Box Number is Not Acceptable)	_
IN THIS SP	ACE		BLICKENL AVE. #3	00
		City	•	7lo Code
	Arranti de activa	<u> M</u>	AMI	FL Zip Code 33/3/
 The above named entity submits this statement for the obligations of registered agent. 	the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida. I	am familiar with, and accept
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SIGNATURE Signature, typed or printed name of registered agent an	id title if applicable.			ATE
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4.№		e to Florida Departmei	nt of State)_ Li
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9. MANAGING MEMBER	A I ACLE 0	means see a see		A C
John Lowell, Jr. /// NAME 49 855 ANHAMBEA	CIROLE #CON	NAME - TOTAL		12/02
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1. I hereby certify that the information supplied with the	is filing does not qualify for it	he exemption stated in Sec	tion 119 07(3)() Florida Statutas Uturba	corting that the information
1. 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 rustee empowered to execute this applit as required by Chapter 608, Florida Statutes.				

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