

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006010

1. Entity Name

CORAL FINE WINES AND LIQUORS LLC

FLORIO'S VITAMIN COMPANY LLC

FILLIN
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:03

Principal Place of Business

841 N.W. 124TH AVENUE
CORAL SPRINGS FL 33071

Mailing Address

841 N.W. 124TH AVENUE
CORAL SPRINGS FL 33071-5081



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0977931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIO, VITO V

~~9601 W. MCNAIS ROAD~~

~~FORT LAUDERDALE FL 33321~~

Name

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

841 NW 124TH AVE

City

CORAL SPRINGS FL

Zip Code

33071

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 VITO V. FLORIO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Vito V. Florio 2-29-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME FLORIO, VITO V
STREET ADDRESS 841 N.W. 124TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE MGRM
NAME FLORIO, ELAINE M
STREET ADDRESS 841 N.W. 124TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33071

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-29-00

CR2E083 (9/99)