

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031279 AF

DOCUMENT # M00000000547

1. Entity Name  
SOUTH BAY WINE GROUP LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -7 PM 2:16

Principal Place of Business  
75 MALAGA COVE PLAZA. STE 7  
PALOS VERDES ESTATES CA 90274

Mailing Address  
75 MALAGA COVE PLAZA. STE 7  
PALOS VERDES ESTATES CA 90274



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 33-0607889

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

200003907612--8  
-03/23/01--01054--015  
\*\*\*\*150.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR MEMBER ☐ Delete  
NAME GREGORY POPOVICH  
STREET ADDRESS 577 VIA DEL MONTE  
CITY-ST-ZIP PALOS VERDES ESTATES, CA 90274

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

TITLE MEMBER ☐ Delete  
NAME PAMELA POPOVICH  
STREET ADDRESS 421 CAMINO DEL CAMPO  
CITY-ST-ZIP REDONDO BEACH, CA 90277

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: GREGORY POPOVICH GREGORY POPOVICH

2/9/01

800-788-0212

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

Date

Daytime Phone #

CR2E083 (11/00)