

2001-UNIFORM BUSINESS REPORT (UBR)

0031427 AF

DOCUMENT # M99000001264

1. Entity Name

SHOWKET-AWNI WINES LLC

FILED

01 FEB 21 PM 3:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

PO BOX 350
OAKVILLE CA 94562

Mailing Address

PO BOX 350
OAKVILLE CA 94562

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

68-0408107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM SHOWKET, KHALIL
STREET ADDRESS 7778 SILVERADO TRAIL
CITY-ST-ZIP NAPA CA ☐ Delete

TITLE NAME MGRM SHOWKET, DOROTHY
STREET ADDRESS 7778 SILVERADO TRAIL
CITY-ST-ZIP NAPA CA ☐ Delete

TITLE NAME MGRM AWNI, ZAID
STREET ADDRESS 19748 CRYSTAL RIDGE LANE
CITY-ST-ZIP NORTHRIDGE CA ☐ Delete

TITLE NAME MGRM AWNI, JANE
STREET ADDRESS 19748 CRYSTAL RIDGE LANE
CITY-ST-ZIP NORTHRIDGE CA ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000003783720--0
-02/27/01--0113--011
*****200.00 *****50.00

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

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

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

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

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:

Khalil Showket

KHALIL SHOWKET

2/8/01

800-788-0212

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

Date

Daytime Phone #

CR2E083 (11/00)