

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000004316

FILED  
Apr 27, 2003  
Secretary of State

**Entity Name:** FORT LAUDERDALE INTERNATIONAL WINE FAIR, INC.

**Current Principal Place of Business:**

1531 SOUTHEAST 13TH STREET  
FORT LAUDERDALE, FL 333162211

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 460250  
FORT LAUDERDALE, FL 333460250

**New Mailing Address:**

**FEI Number:** 65-0860066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DU MONT, DOLPH  
1531 SE 13TH ST  
FORT LAUDERDALE, FL 333162211 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MORRISON, RON  
Address: 211 SOUTH ATLANTIC BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D ( ) Delete  
Name: DU MONT, DOLPH  
Address: 1531 SE 13TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 333162211

Title: D ( ) Delete  
Name: DU MONT, PATRICIA  
Address: 1531 SE 13TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 333162211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA DU MONT

D

04/27/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date