

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**

**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90018 015 \*\*\*150.00

**DOCUMENT # P00000003196**

1. Entity Name

**MEDITERRANEAN WINES AND SPECIALTIES, INC.**

*R*

Principal Place of Business

Mailing Address

**22864 MARKHAM WAY  
BOCA RATON FL 33428**

**22864 MARKHAM WAY  
BOCA RATON FL 33428**

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

**52-2229145**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, NELSON  
22864 MARKHAM WAY  
BOCA RATON FL 33428**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
NAME **CARRODEGUAS, JORGE**  
STREET ADDRESS **22864 MARKHAM WAY**  
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **VTD** ☐ Delete  
NAME **GARCIA, NELSON**  
STREET ADDRESS **22864 MARKHAM WAY**  
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jorge Carrodegua*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/00**  
Date

**(561) 477-1183**  
Daytime Phone #

**Application for Employer Identification Number**  
(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **52-2229145**  
OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <b>MEDITERRANEAN WINES &amp; SPECIALTIES, INC</b>	
2 Trade name of business (if different from name on line 1) <b>22864 HARKHAM WAY</b>	3 Executor, trustee, "care of" name <b>JORGE A. CARRODEGUAS</b>
4a Mailing address (street address) (room, apt., or suite no.) <b>22864 HARKHAM WAY</b>	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code <b>BOCA RATON FL 33428</b>	5b City, state, and ZIP code
6 County and state where principal business is located <b>PALM BEACH, FLORIDA</b>	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>590-01-3747</b> <b>JORGE A. CARRODEGUAS</b>	

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedant)      |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC                                    | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable)                              |
| <input type="checkbox"/> Other (specify) ►                        |  |

8b If a corporation, name the state or foreign country (if applicable) where incorporated  
State **FLORIDA, USA.** Foreign country

9 Reason for applying (Check only one box.) (see instructions)  
☒ Started new business (specify type) ► **IMPORT WINE & SPECIALTIES**  
☐ Banking purpose (specify purpose) ►  
☐ Changed type of organization (specify new type) ►  
☐ Purchased going business  
☐ Created a trust (specify type) ►  
☐ Other (specify) ►  
☐ Hired employees (Check the box and see line 12.)  
☐ Created a pension plan (specify type) ►

10 Date business started or acquired (month, day, year) (see instructions)  
**11-22-99**

11 Closing month of accounting year (see instructions)  
**-12-31-**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

Nonagricultural	Agricultural	Household
<b>0</b>	<b>0</b>	<b>0</b>

14 Principal activity (see instructions) ► **IMPORT WINE & WHOLESALE - SPECIALTIES**  
☐ Yes ☒ No

15 Is the principal business activity manufacturing?  
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.  
☐ Public (retail) ☐ Other (specify) ► ☒ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?  
Note: If "Yes," please complete lines 17b and 17c.  
☒ Yes ☐ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► **GUMELIZ ENTERPRISES INC** Trade name ► **DOMINGO HEAT MARKET**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number, if known.  
Approximate date when filed (mo., day, year) **12/1/91** City and state where filed **BOCA RATON FL.** Previous EIN **65 0293891**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) <b>561-477-1183</b>
Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► **JORGE A. CARRODEGUAS**

Signature ► *[Signature]* Date ► **1-31-2000**

Please leave blank ►

Geo.	Ind.	Class	Size	Reason for applying
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