1/13/0 **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Feb 23, 2001 8:00 am DOCUMENT # P0000006339 **Secretary of State** 1. Entity Name BIER & WEIN KELLER, INC. 01-13-2001 90002 044 \*\*\*150.00 Principal Place of Business Mailing Address 199 EAST OAKLAND PARK BLVD. 199 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 7534 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUTZ, YVES Street Address (P.O. Box Number is Not Acceptable) 199 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered affice 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 remetating] FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 (10/00) TITLE TITLE Change 🔲 Delete NAME NAME Outheand, Park. BVV. STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition TITLE TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-SE-7IP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 frustee 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

01-04-01 565-9021

☐ Change

Change

Addition

Addition