

2001 UNIFORM BUSINESS REPORT (UBR)

2/5/01-90061-007-\$150.00-\$150.00
 9/10/01-90003-045-\$550.00-\$550.00

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0008281 AN

DOCUMENT # P0000015254
 1. Entity Name
MARKET WINE, INC.

01 SEP 27 AM 8:54

774956



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1911 SABAL PALM DR. #208 1911 SABAL PALM DR. #208
 FT LAUDERDALE FL 33324 FT LAUDERDALE FL 33324
 3750 HACIENDA BLVD SE G 3750 HACIENDA BLVD SE G
 DAVIE FL 33314 DAVIE FL 33314

2. Principal Place of Business 3. Mailing Address
 3750 HACIENDA BLVD SE G 3750 HACIENDA BLVD SE G
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
 DAVIE FL DAVIE FL 65-0987659 Not Applicable
 Zip Country Zip Country \$8.75 Additional
 33314 BROWARD 33314 BROWARD Fee Required

8. Name and Address of Current Registered Agent
 KOHL, DAVID
 1911 SABAL PALM DR. #208
 FT LAUDERDALE FL 33324

7. Name and Address of New Registered Agent
 Name LYONEL LAFON
 Street Address (P.O. Box Number is Not Acceptable)
 1911 SABAL PALM DR #208
 City FT LAUDERDALE FL Zip Code 33324

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]* DATE: 9/4/01
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
 After September 12, 2001 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LYONEL LAFON 1911 SABAL PALM DR #208 FT LAUDERDALE FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LT-SA DAVID W. KOHL 1911 SABAL PALM DR #208 FT LAUDERDALE FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: 9/4/01 DAYTIME PHONE #: 954-587-5019
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

092034 (5/01)