

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90266 043 ***150.00

DOCUMENT # P00000033220

1. Entity Name

WORLD OF SPIRITS, INC.

Principal Place of Business

5300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-2339

Mailing Address

5300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-2339

2. Principal Place of Business

3855 NORTH US HWY 1

3. Mailing Address

P.O. Box 719

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

SHARPE, FL

Zip

32926

Country

USA

Zip

32959

Country

4. FEI Number

59-3636369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACQMEIN, VICTORIA
5300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-2339

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

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNKRANT, KEITH 5300 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEITH BERNKRANT 3855 NORTH US HWY 1 COCOA, FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KEITH BERNKRANT
PRESIDENT 1/16/2001 321-635-4842

CR2E034 (10/00)