

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90161 032 ***150.00

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DOCUMENT # P00000051370

1. Entity Name

AAA LIQUOR, INC.



Principal Place of Business
**3720 NORTHWEST 7TH PLACE
FORT LAUDERDALE FL 33311**

Mailing Address
**3720 NORTHWEST 7TH PLACE
FORT LAUDERDALE FL 33311**

2. Principal Place of Business

2160 W. Oakland Pk Blvd
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

Fort Lauderdale, Fla.
City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip
33311

Country
Bro.

Zip
3

Country

4. FEI Number **65-1013590**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCRAY, CHARLES
3720 NW 7TH PLACE
FORT LAUDERDALE FL 33311**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
MCCRAY, CHARLES L
3720 NORTHWEST 7TH PLACE
FORT LAUDERDALE FL 33311** ☐ Delete

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles L. McCray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-03 535-2202

CR2E034 (10/02)