

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90312 039 \*\*\*150.00

0511243 AV

**DOCUMENT # P00000056933**

1. Entity Name  
**CROSS CREEK LIQUORS, INC.**

Principal Place of Business 7105 15TH AVENUE N.W. BRADENTON FL 34209	Mailing Address 7105 15TH AVENUE N.W. BRADENTON FL 34209
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7339 52nd Place E. Suite, Apt. #, etc.	3. Mailing Address 7339 52nd Place E. Suite, Apt. #, etc.
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City & State Bradenton, FL	City & State Bradenton, FL	4. FEI Number 65-1013703	Applied For Not Applicable
Zip 34203	Country US	Zip 34203	Country US

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

6. Name and Address of Current Registered Agent  <b>PATEL, MAHENDRABHAI</b> <b>7105 15TH AVE NW</b> <b>BRADENTON FL 34209</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL, MAHENDRABHAI</b> <b>7105 15TH AVE. NW</b> <b>BRADENTON FL 34209</b> <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	<b>D</b> <b>PATEL, URMULABEN</b> <b>7105 15TH AVE. NW</b> <b>BRADENTON FL 34209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED** Mahendrabhai Patel **4/24/02** **SIGN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)