

6/15

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90456 013 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 200000064509

1. Entity Name

Libations Fulfillment Inc**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5342 NW 119 Terrace  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 8876  
Suite, Apt. #, etc.

38326

DO NOT WRITE IN THIS SPACE

City &amp; State

Coral Springs FL

City &amp; State

Coral Springs FL

4. FEL Number

65-1021987

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33075-8876

Country

US5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name Lindy BriefStreet Address (P.O. Box Number is Not Acceptable)  
5342 NW 119 TerraceCity Coral Springs

FL

Zip Code 33076**DO NOT WRITE  
IN THIS SPACE**

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

Lindy Brief

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

(NOTE: Registered Agent signature required when reinstating)

6/20/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 - ZIPPresident  
Lindy Brief  
5342 NW 119 Terrace  
Coral Springs FL 33076TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
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CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**DO NOT WRITE  
IN THIS SPACE**

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 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 #

CR2E034B (12/01)

# Memo

Attachment  
Libations Fulfillment Inc.

Document #  
P 00000064509  
38326

**To:** Uniform Business Report Office

**FROM:** Cindy Brief

**DATE:** 6/12/02

**RE:** Annual Report

Attached please find copy of the Uniform Business Report, that I have completed for my company, Libations Fulfillment Inc. I did not receive a form to fill out regarding an annual report. Please correct the address to our new PO Box number, which is: PO Box 8876, Coral Springs FL 33075-8876.

Sorry for the oversight, my accountant brought this to my attention. Enclosed please find completed form along with a check for \$150.

Thanks for your help.



Attachment

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

38326

June 20, 2002

LIBATIONS FULFILLMENT, INC.  
P.O. BOX 8582  
CORAL SPRINGS, FL 33075

Subject: LIBATIONS FULFILLMENT, INC.

Reference Number: P00000064509

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314