

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107909

1. Entity Name

WINE + ROSES, INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -1 PM 3:08

Principal Place of Business

Mailing Address

8912 N. 56TH ST.

TEMPLE TERRACE, FL 33617

200004623482--7

-10/04/01--01053--028

\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Place of Business

3. Mailing Address

8912 N. 56TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TEMPLE TERRACE, FL

City & State

Zip

Country

Zip

Country

33617

4. FEI Number

59-3682017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL + UTTERA, PA

343 ALMERIA AVENUE

CORAL GABLES, FL 33134

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

X Ralph Nieves

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

(NOTE: Registered Agent signature required when reinstating)

9/25/01

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, 2000 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: PSTD  
NAME: RALPH NIEVES  
STREET ADDRESS: 5220 GUNN HIGHWAY  
CITY-ST-ZIP: TAMPA, FL 33624

☐ Delete

TITLE: PSTD  
NAME: RALPH NIEVES  
STREET ADDRESS: 8912 N. 56TH ST.  
CITY-ST-ZIP: TEMPLE TERRACE, FL 33617

☒ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
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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:

X Ralph Nieves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/01

Date

813-988-5010

Daytime Phone #

CR2E034 (9/99)