

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 90942 045 ***150.00

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DOCUMENT # P01000005395

1. Entity Name
LIQUOR CHIEF, INC.



Principal Place of Business
1516 NW 27 AVE
MIAMI FL 33125

Mailing Address
1516 NW 27 AVE
MIAMI FL 33125

2. Principal Place of Business

2101 NW 17 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33142

City & State

Zip
33142

Country

DADE

Zip

Country

4. FEI Number

65-1067485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CRUZ, EDUARDO
1516 NW 27 AVE
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

Pedro Albuque

Street Address (P.O. Box Number is Not Acceptable)

2101 NW 17 AVE

City

Miami

FL

Zip Code

33142

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CRUZ, EDUARDO
1516 NW 27 AVE
MIAMI FL 33125

☒ **Delete**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Pedro Albuque
2101 NW 17 AVE
Miami FL 33142

☐ **Change** ☒ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ **Change** ☐ **Addition**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

(305) 548-3001

CR2E034 (10/02)