

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90157 016 ***150.00

DOCUMENT # P01000005601

1. Entity Name

Doral Liquor, Inc.

Principal Place of Business

Mailing Address

10720 NW 66th apt 209
 Miami FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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.

SIGNATURE Ama Lirio

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy the International 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 AUP
 NAME Uribe Ana ☐ Delete
 STREET ADDRESS 10720 NW 66th apt 209
 CITY-STATE-ZIP Miami FL 33178

TITLE S
 NAME carvajal juan carlos ☒ Delete
 STREET ADDRESS 9639 SW 138 ave
 CITY-STATE-ZIP Miami FL 33186

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

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

TITLE
 NAME Restrepo carolina ☒ Change ☒ Addition
 STREET ADDRESS 10720 NW 66th apt 209
 CITY-STATE-ZIP Miami FL 33178

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

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

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

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

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: Ama Lirio

4-26-02

CR2E034 (9/01)