

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90141 037 ***150.00

DOCUMENT # P01000013272

1. Entity Name

Wineries of Chile, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4755 AITON ROAD

Suite, Apt. #, etc.

3. Mailing Address

AGI Registered Agents, Inc.

Suite, Apt. #, etc.

1200 BRICKELL AVE., Suite 900

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI FL

4. FEJ Number

65-1149920

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

AGI Registered Agents, Inc.

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

1200 BRICKELL AVE., Suite 900

City

MIAMI

FL

Zip Code

33131

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

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

(NOTE: Registered Agent signature required when reinstating)

4/8/02

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 - ZIP
D Jorge Rodriguez
1200 BRICKELL AVE., Suite 900
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
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**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

4/10/02

Date

Daytime Phone #

CR2E034B (12/01)