2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am § Secretary of State P01000019485 DOCUMENT # 1. Entity Name GLOBAL WINES CORP. 04-17-2002 90031 037 ***150 Principal Place of Business Mailing Address 6993 NW 82ND AVE. 6993 NW 82ND AVE. **BAY #21 BAY #21** MIAMI FL 33166 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete TITLE ☐ Change Addition RATON, LUIS NAME NAME 2141 SOUTHWEST 126TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33175** CITY-ST-ZIP RATON LOUIS M. 15421 SW 112 TERN. **Change** TITLE ☐ Delete TITLE ☐ Addition NAME RATON, LOUIS M NAME STREET ADDRESS STREET ADDRESS 2141 SOUTHWEST 126TH COURT MINNI - FL 33196 CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP MOANUS LUCID .TIT<u>LE</u> . 🗀 . Delete Change ___ Addition -MORALES, LUCIO NAME STREET ADDRESS 2141 SOUTHWEST 126TH COURT STREET ADDRESS MIANI 1237182 CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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: 3

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

UIS RATUR 3/1/0 ~ 30147799

FILED