

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

DOCUMENT # **P01000022870**
Entity Name
VINTAGE LIQUORS OF SEMINOLE, INC.

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FILED

02 OCT 15 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
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Principal Place of Business 1455 Semoran Blvd.		3. Mailing Address 1455 Semoran Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Casselberry FL		City & State Casselberry FL	
Zip 32707	Country	Zip 32707	Country
4. FEI Number 59-3684608		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name **CHUMILAL K. PATEL**
Street Address (P.O. Box Number is Not Acceptable)
1455 SEMORAN BLVD
City **CASSELBERRY** FL Zip Code **32707**

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 *C.K. Patel* DATE **10/14/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS

ADDRESS
T-ZIP
**P131T
CHUMILAL K. PATEL
1455 SEMORAN BLVD
CASSELBERRY FL 32707**

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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: *C.K. Patel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/02 407.678.2227

CR2E034B (12/01)