

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-28-2002 90011 028 ***150.00

DOCUMENT # P01000037603

1. Entity Name
DORAL WINE AND SPIRITS CO.

Principal Place of Business Mailing Address
6491 NW 112 PLACE 6491 NW 112 PLACE
MIAMI FL 33178 MIAMI FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10411 NW 41 ST. 10411 NW 41 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
10411 NW 41 ST

City & State City & State 4. FEI Number Applied For
MIAMI FL MIAMI FL 65-1095656 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33178 USA 33178 USA

8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
PRICE, IRA B Name **JOSE LUIS POZA**
9100 S DADELAND BLVD #1701 Street Address (P.O. Box Number is Not Acceptable) **10411 NW 41 Street**
MIAMI FL 33156 City, State, Zip Code **MIAMI FL 33178**

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]* **PRESIDENTE** DATE _____
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 Tax filing requirement and elects to do so. **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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZA, JOSE L	NAME	
STREET ADDRESS	6491 NW 112 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZA, NANCY	NAME	
STREET ADDRESS	6491 NW 112 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date **301 5990464** Daytime Phone # _____

CR2E034 (9/01)