FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90237 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065254

1. Entity Name
REAL LIQUOR STORE, INC.

Principal Place of Business	Mailing Address
4255 N.W 107AVE MIAMI, FL 33178	2 TRUMAN DRIVE MIAMI, FL 33178

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4255 NW 107 Ave	4255 NW 107 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MiAMi FLORiDA	City & State: MiAMi FLORiDA
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. FEI Number 91-2138911 — Applied For — Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MADERA, RAMON~~
~~2 TRUMAN DRIVE~~
~~WESTON, FL 33326~~

7. Name and Address of New Registered Agent

Name: JHONNY BeLLO
Street Address (P.O. Box Number Is Not Acceptable): 4255 NW 107 AV
City: MiAMi FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ 2/18/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MADERA, RAMON 2 TRUMAN DRIVE WESTON, FL 33326 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition PD JOSE LUIS POZA 6491 NW 112 PL - MiAMi - FL - 33178
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MADERA, MILDRED 2 TRUMAN DRIVE WESTON, FL 33326 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 2/18/2003 305-5990464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)