

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90237 027 \*\*\*150.00

DOCUMENT # P01000069875

1. Entity Name

ST. BART SPIRITS, INC.



1000069875

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6208 S DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address  
6208 S DIXIE HWY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SOUTH MIAMI FL

City & State  
SOUTH MIAMI FL

4. FEI Number 65-1125418

Applied For

Not Applicable

Zip  
33143

Country  
MIAMI DADE

Zip  
33143

Country  
MIAMI DADE

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 ALFRED E. SALAZAR

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

6208 S DIXIE HWY

City SOUTH MIAMI

FL

Zip Code  
33143

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P

ALFRED E. SALAZAR  
6208 S DIXIE HWY  
SOUTH MIAMI FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED E. SALAZAR

1-31-2003

Date

305-666-5732

Daytime Phone #

CR2E034B (12/02)