

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91339 023 ***158.75

DOCUMENT # **PD100007074B**

1. Entity Name
FRANCE VINS DIFFUSION CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9531 FOUNTAINEBLEAU Blvd

3. Mailing Address

Suite, Apt. #, etc.
Blq 10 # 511

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip **33172** Country **USA**

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name - **ROBLEDO, VICTOR M.**

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

9531 FOUNTAINEBLEAU Blvd. # 515

City **MIAMI** FL Zip Code **33172**

**DO NOT WRITE
IN THIS SPACE**

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 **Victor Robledo** **VICTOR ROBLEDO** **03/30/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. 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

11. **PRESIDENT** OFFICERS AND DIRECTORS

TITLE **ROBLEDO, JOSE F**
NAME
STREET ADDRESS **9531 FOUNTAINEBLEAU**
CITY - ST - ZIP **BLVD # 515, MIAMI 33172**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VP**
NAME **VICTOR ROBLEDO**
STREET ADDRESS **9531 FOUNTAINEBLEAU**
CITY - ST - ZIP **BLVD # 515, MIAMI 33172**

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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 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

Daytime Phone #

03/30/02 **(305) 220-1145**

CR2E034B (12/01)