

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

Amended

DOCUMENT # PD100007237D

1. Entity Name ALPHA WINE DISTRIBUTORS INC

FILED

02 DEC 18 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

991 S. STATE RD 7

3. Mailing Address

P.O. Box 140222

Suite, Apt. #, etc.

F-18

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION

City & State
LAUDERDALE LAKES

4. FEI Number

65-1145633

Applied For

Not Applicable

Zip
33317

Country

FLORIDA

Zip
33319

Country

FLORIDA

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

ABRAHAM BROWN PAUL STONE

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

3430 NW 52ND AV # 301

LAUDERDALE LAKES

City

FL

Zip Code
33319

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, 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. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BEVERLY SALU
3430 NW 52ND AV # 301
LAUDERDALE LAKES, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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600009528896
12/16/02--01085--024 **\$61.25

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 and typed or printed name of signing officer or director

12-10-02 954390-0980

Date Daytime Phone #

CR2E034B (12/01)