# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

# FILED Apr 24, 2003 8:00 am Secretary of State

DOCUMENT # P0200005229  1. Entity Name MICHAEL WINE DEVELOPMENT CORP.						04-14-2003	90221	033 ***1	50.00	
Principal Place of Business PO BOX 331745 COCONUT GROVE FL 33233		Mailing Address PO BOX 331745 COCONUT GROVE FL 33233								
2. Principal Place of Business		3. Mailing Address				T TO BELLO DE LES BARRAS PLOTES DE LES BARRAS DE PRESENTANTA DE PRESENTANTA DE PRESENTANTA DE PRESENTANTA DE P	i dikili debili de		ARTH (B) 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			$\dashv$	CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	FEI Number	 -581		pplied For	]
Zip	Country	Zip	. Zip Coun		E Cartificate of Status Dosired   \$8.75		\$8.75 Ad	ditional	1	
	-6Name and Address of Current	Registered Agent				Name and Address of New Re				₫~-
CINON C	.ov b	<del></del>	Name						}	
SIMON, GA	DELAND BLVD SUITE 504		Street Address (P.O. Box Number is Not Acceptable)						1	
MIAMI FL 3						<del></del>	<del></del>			1
	,	•	City		<del></del>	FL	Zip Coo	 le	$\forall$	
The above named entity submits this statement for the purpose of changing its				<u> </u>				amiliar with	and accent	-
	ions of registered agent.	ino porpose or origing (	to regional	·					and dodept	
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NO	OTE: Registered	f Agent signature requi	red when n	einstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State				9. Election Campaign Fina Trust Fund Contribution.		\$5.0 Adde	May Be	
10.	OFFICERS AND	DIRECTORS	11.		ΑĽ	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	1_
STREET ADDRESS	D Wine, Michael PO BOX 331745 COCONUT GROVE FL 33233	OX 331745 str						Change	☐ Addition	CR2E034 (10/02)
ITLE	DOCUMUI GROVE PL 30233	☐ Delete	TITLE	———		<del></del>		Change	☐ Addition	182 183
KAME STREET ADDRESS CITY-ST-ZIP	Ţ,			ET ADDRESS ST-ZIP				_ •	_	
TITLE		☐ Delete	TITLE				-	Change	Addition .	-
STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate		T ADDRESS ST-ZIP				Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-	T ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		Delete	TITLE NAME STREET CITY-S	T ADDRESS				Change	Addition	
12. I hereby of indicated of the corporated	ertify that the information supplied with on this report or supplemental apport is coration or the receiver or tractice empor or on a lattachment with as stidless, w	this filing does no qualify for true and accurate and that wered to execute this repor- tional other like expowers	or the exem my signatu t as require	nption stated in Sure shall have the od by Chapter 60	ection same I 7, Florid	119.07(3)(i), Florida Statutes. I fi egal effect as if made under oa da Statutes; and that my name a	urther certl th; that I an appears in	fy that the in an officer Block 10 or	nformation or director Block 11 if	

84/21/2003 09:48 3056706776 Attachment SIMON AND SIMON PA

PAGE 02/02

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVIC CINCINNATI OH 45202 DATE OF THIS NOTICE: 02-06-2002

NUMBER OF THIS TRICE: CP 575 A

EMPLOYER IDENT: (CATION NUMBER: 01-0582587)

FORM: SS-4 0134150052 B

MOZOOOS Kakti, M, Wine

FOR ASSISTANCE CALL US AT: 1-800-829-1040

MICHAEL WINE DEVELOPMENT 9100 S DADELAND BLVD STE 504 MIAMI FL 33156

OR WRITE TO THE ADDRESS. SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). Webassigned you EIN 01-0582587. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. Lifeyou was any variation in your account. It also could cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

#### Form 1120

### 03/15/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.