2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000009376 **DOCUMENT #**

1. Entity Name

G'DAY MATE AUSTRALIAN WINES INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90210 049 ***150.00

G DAT WATE AUSTRALIAN WINES INS.											
Principal Place 5830 N.W. 38TH GAINESVILLE F	1 TERRACE		Mailing Address 5830 N.W. 38TH TERRACE GAINESVILLE FL 32653								
2. Principal Pl	ace of Busin	ess	3. Mailing Address						} 	#11 0 10100 11111 101	LIO G ILI LOGI
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE	IF MAKING	CHANGES	
0.00			City & State				El Number		Apr	olied For	
City & State							_	90-0008143		\$8.75 Addi	Applicable
Zip		Country	Zip		Count	try		Certificate of Status Desired		Fee Required	
	6. Name	and Address of Curren	t Registere	d Agent			7. N	lame and Address of New	Registered	Agent	
	4-,					Name		•			
BUCZYNE				Street Addres			s (P.O. B	ox Number is Not Acceptabl	e)		
ONE S.E.	third ave	NUE, SUITE 2120							<u> </u>		
MIAMI FL :	3313,1 📑			-				 		Zip Code	
)					City			FI	- '	!
8. The above	named entit	y submits this statement	for the purp	ose of changing its r	egister	ed office or regis	tered ag	ent, or both, in the State of F	lorida. I am	familiar with, a	and accept
the obligat	ions of regist	tered agent.									
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if app	licable (NOTE	: Registere	d Agent signature requ	ired when re	einstating)	DATE		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign F Trust Fund Contribut			May Be to Fees
	K Payable I	OFFICERS AN		BS -	11.	<u></u>	AE	DDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTORS	
10.	D	OFFICEIS AIN	<u>D DIFFLOTO</u>	☐ Delete	TITL					Change	☐ Addition
NAME		ON ROSE, SHEILA DE	NISE		NAN						
STREET ADDRESS	5830 N.W	. 38TH TERRACE				EET ADDRESS /- ST- ZIP					
CITY-ST-ZIP	GAINESVI	LLE FL 32653			TITU					☐ Change	Addition
TITLE	N. 1	i		☐ Delete	NAN						
NAME STREET ADDRESS	į				STR	EET ADDRESS					
CITY-ST-ZIP	1				CIT	Y-ST-ZIP					- I delition
TITLE	<u> </u>	· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITI					Change	☐ Addition
NAME					NA	ME REET ADDRESS					
STREET ADDRESS		•				Y-ST-ZIP					
CITY-ST-ZIP				☐ Delete	TIT					☐ Change	Addition
TITLE NAME				Delete	NA						
STREET ADDRESS	· Parameter	The same of the sa				REET ADDRESS -					
CITY-ST-ZIP	1	•.			CIT	Y-ST-ZIP				☐ Chance	Addition
TITLE				☐ Delete	TIT					☐ Change	L_) Addition
NAME						ME REET ADDRESS					
STREET ADDRESS	[;]					Y-ST-ZIP					
CITY-ST-ZIP	1					LE				☐ Change	Addition
TITLE	1			- Delete	I '"'						

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 opening the component with a lightly lightly appearance. changed, or on an attachment with a 35-2190381

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Daytime Phone #