

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91162 015 ***150.00

DOCUMENT # *P02000013905*

1. Entity Name

CAPE WINE IMPORTS, INC.



DO NOT WRITE IN THIS SPACE

90130185

2. Principal Place of Business

2813 S. HIWASSEE RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

4. FEI Number

04-3598553

Applied For

Not Applicable

Zip

32835

Country

USA

Zip

Country

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

MELISSA D. MUNROE

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

511 N. FERNCREEK AVE

City

ORLANDO

FL

Zip Code

32803

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Melissa D Munroe

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

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

4/30/03

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	<i>PRES/TREASURER/DIRECTOR</i>
NAME	<i>KEVIN D. MUNROE</i>
STREET ADDRESS	<i>2813 S. HIWASSEE RD STE 201</i>
CITY-ST-ZIP	<i>ORLANDO, FL 32835</i>

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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

4/30/03

Date

407-291-2700

Discipline Phone #

CR2E034B (12/02)