

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90159 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000097461			
1. Entity Name WINE BUSINESS GROUP, INC.			
Principal Place of Business 6301 COLLINS AVE APT 2708 MIAMI BEACH, FL 33141		Mailing Address 6301 COLLINS AVE APT 2708 MIAMI BEACH, FL 33141	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 82-0564076		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUCHS, FEDERICO 6301 COLLINS AVE APT 2708 MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$250.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☒ Delete NAME FUCHS, MIGUEL E STREET ADDRESS 6301 COLLINS AVE APT 2708 CITY-ST-ZIP MIAMI BEACH, FL 33141		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME FUCHS, FEDERICO STREET ADDRESS 6301 COLLINS AVE APT 2708 CITY-ST-ZIP MIAMI BEACH, FL 33141		TITLE PSD ☒ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☒ Delete NAME GARAT, SOLEDAD STREET ADDRESS 6301 COLLINS AVE APT 2708 CITY-ST-ZIP MIAMI BEACH, FL 33141		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		3/15/03 3054968453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2034 (10/02)