

2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000053469 1. Entity Name THE WINE VAULT OF MIAMI, INC.						FILED 13 MAY 13 PM 3:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1800 NORTH BAYSHORE DRIVE 2204 MIAMI, FL 33132 US				Mailing Address 1800 NORTH BAYSHORE DRIVE 2204 MIAMI, FL 33132 US			
2. Principal Place of Business - No P.O. Box # 275 NE 18 th Street Suite, Apt. #, etc. APT 2105		3. Mailing Address 275 NE 18 th Street Suite, Apt. #, etc. APT 2105					
City & State MIAMI FL		City & State MIAMI FL 33132					
Zip 33132		Zip 33132					
4. FEI Number 27-2948190				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				10312013 Chg-P CR2E034 (12/11)			
6. Name and Address of Current Registered Agent L & G ACCOUNTING AND TAX, LLC 2439 SE 14TH AVENUE MIAMI, FL 33035				7. Name and Address of New Registered Agent Name: MARK Holander 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: <i>Michael Shapira</i> DATE: 12/19/13 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating.)							
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013				9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: PTD NAME: SHAPIRA, MICHAEL STREET ADDRESS: 1800 NORTH BAYSHORE DRIVE, APT 2204 CITY- ST- ZIP: MIAMI, FL 33132				TITLE: PTD NAME: MICHAEL SHAPIRA STREET ADDRESS: 275 NE 18 th Street APT 2105 CITY- ST- ZIP: MIAMI FL 33132			
TITLE: D NAME: SVIRSKY, AVI STREET ADDRESS: 2001 MERIDIAN AVENUE, APT 412 CITY- ST- ZIP: MIAMI BEACH, FL 33139				TITLE: 700255399107 01/08/14-01020-003 **550.00			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Michael Shapira</i> DATE: 12/17/13 EMAIL ADDRESS: MICHAEL@WINEVAULTMIAMI.COM							



Corporations

Payments Tools Activity

rvarnadore

Information

Annual Report Filing History

Search By Document ID

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Session

Transaction ID	Description	Filing Stage
p10000053469-fe30fff9-7131-44ce-9390-4d2b7330d07e	Session file for p10000053469 with last modified date of 5/13/2013 2:05:09 PM Eastern Standard Time	Edit

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
2144e3e0-9bbc-4eca-93ff-6a91791c9fc8	P10000053469	0	2	11/30/2011 12:00:00 AM
21b9e0b0-17c1-48aa-9cd7-b64f06db36cd	P10000053469	0	2	10/20/2011 12:00:00 AM
b42a6ff4-2c85-4acf-913f-c045e721864b	P10000053469	0	2	4/30/2012 12:00:00 AM

