

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90032 048 ***150.00

DOCUMENT # P29678
 1. Entity Name
SKALLI CORPORATION

Principal Place of Business: **8440 ST. HELENA HWY. RUTHERFORD CA 94573**
 Mailing Address: **P. O. BOX 38 RUTHERFORD CA 94573 US**



2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **94-2830523**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 110 NORTH MAGNOLIA ST.
 TALLAHASSEE FL 32301**

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SKALLI, ROBERT	
STREET ADDRESS	912 RTE DE MONTEPELLIER	
CITY-ST-ZIP	34200 SETE, FRANCE	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SKALLI, ALBERT	
STREET ADDRESS	143 ROUTE DES 3 LUCS	
CITY-ST-ZIP	13012 MARSEILLE, FRANCE	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SKALLI, BERNARD	
STREET ADDRESS	145 AVENUE DE MALAKOFF	
CITY-ST-ZIP	75116 PARIS, FRANCE	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	RODENO, MICHAELA	
STREET ADDRESS	7878 MONEY ROAD	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	AS	<input type="checkbox"/> Delete
NAME	OTTERBECK, STEVEN	
STREET ADDRESS	21735 DRY CREEK CUT OFF	
CITY-ST-ZIP	MIDDLETOWN CA 95461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with full or other like empowered.

SIGNATURE: SIGNATURE REQUIRED **1-16-02** **2079634507**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)