

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90115 025 ***150.00

DOCUMENT # P38597

1. Entity Name
ANGELINI WINE, LTD. INC.



Principal Place of Business
**22 INDUSTRIAL PARK DRIVE
CENTERBROOK CT 06409
US**

Mailing Address
**22 INDUSTRIAL PARK DRIVE
CENTERBROOK CT 06409
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1177773**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANGELINI, PAUL V
4132 PALM FOREST DR S
DELRAY BEACH FL 33445**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DCP			
	ANGELINI, JULIUS A	789 OCEAN AVE.	NEW LONDON CT 06320	
	DVC			
	ANGELINI, PAUL V	789 OCEAN AVE.	NEW LONDON CT 06320	
	DSC			
	PLEBISCITO, RONALD E	173 HAZELNUT HILL RD	GROTON CT 06340	
	VPT			
	ANGELINI, PAUL V	789 OCEAN AVE.	NEW LONDON CT 06320	
	S			
	PLEBISCITO, RONALD E	173 HAZELNUT RD	GROTON CT 06340	

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

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: *Paul V Angelini* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

(860) 767-9463

Daytime Phone #

CR2E034 (10/02)