

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014040

1. Entity Name

AUGUSTAN WINE IMPORTS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90009 032 ***150.00

Principal Place of Business

Mailing Address

1928 TIGERTAIL BLVD
BLDG 12
DANIA FL 33004
US

1928 TIGERTAIL BLVD
BUILDING 12
DANIA FL 33020-1001
US

2. Principal Place of Business

3401 N. 29TH AVE

3. Mailing Address

3401 N. 29TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood Florida

City & State

Hollywood Florida

Zip

33020

Country

USA

Zip

33020

Country

USA

6. Name and Address of Current Registered Agent

NORTON, SAM D ESQ
SARASOTA CITY CENTER
1819 MAIN ST, SUITE 610
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0394704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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

(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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME D
STREET ADDRESS PERRY, PROAL
CITY-ST-ZIP 5470 LYONS ROAD #304
POMPAHO BEACH FL 33073

TITLE ☐ Delete
NAME P
STREET ADDRESS MIELDS-PERRY, CONSTANCE
CITY-ST-ZIP 5470 LYONS ROAD #304
POMPAHO BEACH FL 33073

TITLE ☐ Delete
NAME V
STREET ADDRESS KANE-HARTNETT, JOHN
CITY-ST-ZIP 6131 GULF OF MEXICO
LONGBOAT KEY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15441 SW 20th ST.
CITY-ST-ZIP MIAMI, FL 33027

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15441 SW 20th ST.
CITY-ST-ZIP MIAMI, FL 33027

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)