

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90153 022 \*\*\*150.00

**DOCUMENT # P93000014040**

1. Entity Name

**AUGUSTAN WINE IMPORTS, INC.**

Principal Place of Business

3401 NORTH 29 AVENUE  
 HOLLYWOOD FL 33020  
 US

Mailing Address

3401 NORTH 29 AVENUE  
 HOLLYWOOD FL 33020  
 US

2. Principal Place of Business

**3401 N. 29TH AVE**

Suite, Apt. #, etc.

3. Mailing Address

**3401 N. 29TH AVE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Hollywood Florida**

City & State

**Hollywood Florida**

4. FEI Number

**65-0394704**

Applied For

Not Applicable

Zip

Country

**33020**

**USA**

Zip

Country

**33020**

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PERRY, PROAL</b>	
STREET ADDRESS	<b>15941 SW 20 STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33027</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MIELDS-PERRY, CONSTANCE</b>	
STREET ADDRESS	<b>15941 SW 20 STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33027</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KANE-HARTNETT, JOHN</b>	
STREET ADDRESS	<b>6131 GULF OF MEXICO</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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
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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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/2001 954929-4644**  
 Date Daytime Phone #

CR2E034 (10/00)