

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90545 012 \*\*\*158.75

DOCUMENT # P93000024238

1. Entity Name  
JRO LIQUORS, INC.



Principal Place of Business  
% PLAZA LIQUORS  
2915 E LAS OLAS BLVD  
FT LAUDERDALE FL 33316

Mailing Address  
% PLAZA LIQUORS  
2915 E LAS OLAS BLVD  
FT LAUDERDALE FL 33316



2. Principal Place of Business

2901 E Las Olas Blvd  
Suite, Apt. #, etc.  
FT LAUDERDALE, FLA.  
City & State

3. Mailing Address

Same  
Suite, Apt. #, etc.  
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0399692

Applied For  
Not Applicable

Zip  
33316

Country  
BROWARD

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RADUENZEL, JULIANA  
2915 E LAS OLAS BLVD  
Y  
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name GORDON WARD  
Street Address (P.O. Box Number is Not Acceptable)  
2901 E. Las Olas Blvd  
FT LAUDERDALE  
City FL Zip Code 33316

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 Gordon Ward

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

(NOTE: Registered Agent signature required when reinstating)

DATE 04/14/03

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

TITLE D  
NAME RADUENZEL, JULIANA  
STREET ADDRESS % 2915 E LAS OLAS BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP DOUGLAS WARD  
NAME  
STREET ADDRESS 700 OXFORD AVE APT 211  
CITY-ST-ZIP FT LAUDERDALE, FLA 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03

954 763 5600

CR2E034 (10/02)