

DOCUMENT # P93000052596

1. Entity Name

3797 LIQUORS, INC.

Principal Place of Business
3797 NW 167 Street
Miami, FL 33055

Mailing Address
c/o Ingrid Beckles
8211 NW 169 Terrace
Miami, FL 33016

2. Principal Place of Business

3. Mailing Address

8081 Bermuda Point Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Davie, FL

4. FEI Number

65-0428045

Applied For

Not Applicable

Zip

Country

Zip

Country

33328

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKLES INGRID
8211 NW 169 Terrace
Miami, FL 33016

7. Name and Address of New Registered Agent

Name
BILOTTI, MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
8081 Bermuda Point Lane
City
Davie FL Zip Code
33328

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

4/29/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BECKLES, INGRID
8211 NW 169 Terrace
Miami, FL 33016 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BILOTTI, MICHAEL
8081 Bermuda Point Lane
Davie, FL 33328 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bilotti, Pres., 4/29/00

305-997-0567

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90151 025 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)