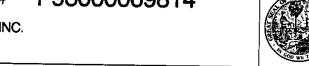
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000069814 **DOCUMENT #**

1. Entity Name FORUM LIQUORS, INC.





FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90163 033 ***150.00

			WE THE	/	
Principal Place of Business 1681 FORUM PL W PALM BEACH FL 33401 US		Mailing Address 1681 FORUM PL WEST PALM BEACH FL 33401 US		I ARRIADO JIT IRIRO JAWA RAIN BRIJA RAIN DRAIN	ANNO TORON TORON TRANS
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	CHANGES
City & State		City & State		4. FEI Number 65-0441284 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
6.	-Name and Address of Current	Registered Agent			Fee Required
		Tiegistered Agents	Name		gent
LUCE, ANTHONY				<u> </u>	
1700 EMBASSY	' DRIVE		Street Addres	ss (P.O. Box Number is Not Acceptable)	
#207 West Palm be	EACH FL 33401		Oth		
		Δ	City	FL	Zip Code
The above name the obligations of	d entity submits this statement for the statemen	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am fa	amiliar with, and accept
SIGNATURE	16. typed of krinted purise of registered agen-	me Ant	hony Luce E: Registered Agent signature requ	President 2	119/03
* After May Make Check Paya	OW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 ble to Florida Department of			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
STREET ADDRESS 1700	E, ANTHONY EMBASSY DRIVE #207 F PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		
NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		Delete	- TITLE		
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP		:Change :: Addition :
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. [☐ Change ☐ Addition
TLE AME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition
TLE		·	CITY-ST-ZIP		
AME Treet address 'Ty-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
I hereby certify the indicated on this of the corporation changed, or on a	at the information supplied ith report or suppliemental report is a or the receiver or trusted disposential and the supplier of the receiver or trusted of the supplier of the receiver or trusted of the supplier of the supp	his filing does not/qualify for the and accurate and hat my vered to execute this report at the allighted the alligned the allig	the exemption stated in S y signature shall have the s required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify same legal effect as if made under oath; that I am 7, Florida Statutes; and that my name appears in B	that the information an officer or director lock 10 or Block 11 if

SIGNATURE:

561-686-8M