

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90023 024 ***158.75

DOCUMENT # P94000033189

1. Entity Name

GOURMET WINE CLUB INCORPORATED

Principal Place of Business

Mailing Address

~~1385 CORAL WAY~~
~~SUITE 201C~~
~~MIAMI FL 33145-2941~~

~~1385 CORAL WAY~~
~~SUITE 201C~~
~~MIAMI FL 33142-7620~~
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2765 CORAL WAY

3. Mailing Address

2765 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33145

Country

USA.

Zip

33145

Country

USA

4. FEI Number

65-0488776

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLER, ALBERTO
~~1385 CORAL WAY~~
~~SUITE 201C~~
~~MIAMI FL 33145-2941~~

7. Name and Address of New Registered Agent

Name

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

13141 N.W. 7 LN.

City

MIAMI

FL

Zip Code

33182

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

ALBERTO MULLER

04/28/00

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	VPD	<input type="checkbox"/> Delete
NAME	LOPEZ, FRANCISCO	
STREET ADDRESS	1385 CORAL WAY, SUITE 201C	
CITY-ST-ZIP	MIAMI FL 33145-2941	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOVER, FERNANDO	
STREET ADDRESS	1385 CORAL WAY, SUITE 201C	
CITY-ST-ZIP	MIAMI FL 33145-2941	
TITLE	EDS	<input type="checkbox"/> Delete
NAME	MULLER, ALBERTO	
STREET ADDRESS	1385 CORAL WAY, SUITE 201C	
CITY-ST-ZIP	MIAMI FL 33145-2941	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARCIA ARMENGOL, MIGUEL	
STREET ADDRESS	1385 CORAL WAY, SUITE 201C	
CITY-ST-ZIP	MIAMI FL 33145-2941	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2765 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL. 33145	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2765 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL. 33145	
TITLE	S.T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13141 N.W. 7 LANE	
CITY-ST-ZIP	MIAMI, FL. 33182	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2765 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL. 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO MULLER

Date

04/28/00

Daytime Phone #

(305) 476-0027