**FILED** 

305-861-2766

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400047969  1. Entity Name						Mar 30, 2001 8:00 am Secretary of State					
LIPPY LI	QUORS, INC.			Ì		03-30-2001	•				
Principal Place of Business 1807 N 68TH AVE		Mailing Address 1807 N 68TH AVE									
HOLLYWOOD F	L	HOLLYWOOD FL					639	394			
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt. #, etc		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					7		
City & Stat	e .	City & State	<del>- ・シー</del> ン	7	. FEI Number	65-05019	67	J—	pplied For ot Applicable		
Zip	Country	Zip	Country	!	5. Certificate o	f Status Desired		\$8.75 Ad Fee Require		7	
	6. Name and Address of Current F	legistered Agent		7	. Name and A	ddress of New	Registere	d Agent		]	
ROTI 1807 HOLI		Victorial Nictorial Nictor	D. Box Number	Rotui is NorAccegia is AVE.	ble)			7 7			
			City	tolly	mood		F	L Zip Soo	3024		
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office of	r registered	agent, or both	, in the State of	Florida.				
SIGNATURE	Signature, typed or printed name of registered agent ar	NICK J	Rotunne		en reinstating)		3 - DATE	26.01			
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 Stat		550.00		tion Campaign t Fund Contribu			00 May Be d to Fees		
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/C	HANGES TO O	FFICERS A	ND DIRECTOR	S IN 11	1,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D   ROTUNNO, NICK D   1807 N 68TH AVE   HOLLYWOOD FL 33024	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	P/S Nick 1807 Holly	1. 68 H	tunno s ave.	oa4_	<b>⊠</b> Change	☐ Addition	00,07,100	
TITLE NAME		☐ Delete	TITLE NAME	10.1.9	<u> </u>		<u>~</u>	☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	) 				☐ Change	☐ Addition		
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP					☐ Change	☐ Addition	1	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				<u>-</u>	Change	Addition		
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>							
indicated	ertify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy	rue and accurate and that my	/ signature shall h	ave the sarr	ne legal effect a	as if made unde	r oath; that	I am an officer	or director		