

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000049532

1. Entity Name

LEO'S GULF LIQUORS, INC.

FILED

02 OCT -7 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2600 DOUGLAS ROAD

3. Mailing Address

2600 DOUGLAS ROAD

Suite, Apt. #, etc.

SUITE #908 (908)

Suite, Apt. #, etc.

SUITE #908 (908)

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0671404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

ROY R. LUSTIG

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

2600 DOUGLAS ROAD

SUITE #908 (908)

City

CORAL GABLES

FL

Zip Code

33134

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IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
ARTURO A. MUNDER  
2600 DOUGLAS ROAD SUITE #908 (908)  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVP  
ROY R. LUSTIG  
2600 DOUGLAS ROAD SUITE #908 (908)  
CORAL GABLES, FL 33134

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9000008304239-1  
10/10/02-01035-008  
\*\*\*\*550.00 \*\*\*\*550.00

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARTURO A. MUNDER  
PRESIDENT

CR2E034B (12/01)

10/10/02