2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90051 041 ***150.00

DOCUMENT # P96000057247

1. Entity Name
BLACK HORSE CELLARS LTD., INC.

Principal Place of Business	Mailing Address
2002-20TH LANE PALM BEACH GARDENS FL 33418 US	2002-20TH LANE PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 56-0680961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, MICHAEL J
421 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name: MICHAEL J. ELLIS
Street Address (P.O. Box Number is Not Acceptable): 2002 - 20TH LANE
City: PALM BEACH GDNS FL Zip Code: 33418

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] Ellis DATE: 03-09-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	PD
NAME	ELLIS, MICHAEL J
STREET ADDRESS	2002-20TH LANE
CITY-ST-ZIP	PALM BEACH GARDENS FL
☐ Delete	
TITLE	SD
NAME	BROWN, CHRISTINA A.
STREET ADDRESS	2002-20TH LANE
CITY-ST-ZIP	PALM BEACH GARDENS FL
☐ Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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: [signature] MICHAEL J. ELLIS 4/6/01 561-626-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/00)

Black Horse Cellars
Importers of Fine Wines

Doc.
#P96000057247
741060

4/7/01

FL Dept of State

RE 56-068096

I apologize but I inadvertantly copied over document # P96000057247.

I have enclosed a check in the proper amount and all is signed as should be. You can fax me another form and I will sign again & return immediately.

Sincerly
Christine A Brown Ellis
Secretary

2002 20th Lane • Palm Beach Gardens, FL 33418 • Telephone 561.626.0633 • Fax 561.626.2491