

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90151 011 ***150.00

DOCUMENT # P97000089855

1. Entity Name
AIRPORT LIQUORS, INC.



Principal Place of Business
**2227 BELVEDERE ROAD
WEST PALM BEACH FL 33406**

Mailing Address
**2227 BELVEDERE ROAD
WEST PALM BEACH FL 33406**



2. Principal Place of Business

**1800 EMBASSY DRIVE
Suite, Apt. #, etc.
#129**

3. Mailing Address

**1800 EMBASSY DRIVE
Suite, Apt. #, etc.
#129**

☒ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH, FL.

City & State
WEST PALM BEACH, FL.

4. FEI Number **65-0789799**

Applied For
Not Applicable

Zip **33401** Country **PALM BEACH**

Zip **33401** Country **PALM BEACH**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCE, ANTHONY M
2227 BELVEDERE ROAD
WEST PALM BEACH FL 33406**

Name
Street Address (P.O. Box Number is Not Acceptable)
1800 EMBASSY DRIVE #129
City **WEST PALM BEACH** FL Zip Code **33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Anthony M. Luce ANTHONY M. LUCE**

3/21/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

TITLE **P** ☐ Delete
NAME **LUCE, ANTHONY**
STREET ADDRESS **2227 BELVEDERE ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **P/S** ☒ Change ☐ Addition
NAME **LUCE, ANTHONY M.**
STREET ADDRESS **1800 EMBASSY DRIVE #129**
CITY-ST-ZIP **WEST PALM BEACH, FL. 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Anthony M. Luce ANTHONY M. LUCE** **3/21/2003** **561-471-5758**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)