

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093029

1. Entity Name

CLASS WINES OF FLORIDA, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90107 047 \*\*\*150.00

Principal Place of Business

Mailing Address

3008 NW 79 AVE  
MIAMI FL 33122

3008 NW 79 AVE  
MIAMI FL 33122-1010

2. Principal Place of Business

3. Mailing Address

7929 NW 82 TERR

7929 NW 82 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PARKLAND FL

PARKLAND FL

4. FEI Number

65-0796583

Applied For

Not Applicable

Zip

Country

33067

BROWARD

Zip

Country

33067

BROWARD

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

LOCATELLI, PAOLO A  
7929 NW 82ND TERR  
PARKLAND FL 33067

Name

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

City

FL

Zip Code

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

LOCATELLI, PAOLO A

*Paolo A. Locatelli*

4/28/00

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)

☐

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LOCATELLI, PAOLO A  
7929 NW 82ND TERR  
PARKLAND FL 33067

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paolo A. Locatelli* 4/28/00 954 344-2

CR2E034 9/99