

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048656

1. Entity Name

WORLD WINE AND SPIRITS, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90051 038 ***150.00

Principal Place of Business

Mailing Address

106 MALAGA STREET
ROYAL PALM STREET FL 33411

106 MALAGA STREET
ROYAL PALM STREET FL 33411-1043

2. Principal Place of Business

8993 OKEECHOBEE BLVD

3. Mailing Address

8993 OKEECHOBEE BL

Suite, Apt. #, etc.

#110

Suite, Apt. #, etc.

#110

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FLA

Zip

33411

Country

USA

Zip

33411

Country

USA

4. FEI Number

65-0858631

Applied For

Not Applicable

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

ALGER, JOHN
106 MALAGA STREET
ROYAL PALM STREET FL 33411

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

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 FEB 00

Date

561 790 5359

Daytime Phone #

CR2E034 (9/99)