

ANNUAL BUSINESS REPORT (UBR)

DOCUMENT #

P98000094695

1. Entity Name

RIVERLAND LIQUORS, INC.

Principal Place of Business

Mailing Address

2611 Davie Blvd.
Ft. Lauderdale, FL
33312

2611 Davie Blvd.
Ft. Lauderdale, FL
33312

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

6. Home and Address of Current Registered Agent

Rosa M. Perez
13170 NW 11 Dr.
Sunrise, FL 33323

Name

Rosa M. Perez

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

1980 SW 28 Ave.

City

Ft. Lauderdale

FL

Zip Code 33312

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

10/5/00

DATE

9. This corporation is liable to satisfy the intangible tax filing requirements and is liable 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	PSD	☐ Delete
NAME	Rosa M. Perez	
STREET ADDRESS	13170 NW 11 Dr.	
CITY-STATE-ZIP	Sunrise, FL 33323	
TITLE	TD	☐ Delete
NAME	Francisco Perez	
STREET ADDRESS	13170 NW 11 Dr.	
CITY-STATE-ZIP	Sunrise, FL 33323	
TITLE	VPD	☐ Delete
NAME	Maria Lopez	
STREET ADDRESS	2020 SW 28 Ave.	
CITY-STATE-ZIP	Ft. Lauderdale, FL 33312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1980 SW 28 Ave.	
CITY-STATE-ZIP	Ft. Lauderdale, FL 33312	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1980 SW 28 Ave.	
CITY-STATE-ZIP	Ft. Lauderdale, FL 33312	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

500003427395--8
-10/17/00--01048--002
****750.00 ****750.00

10/10/11

13. I hereby certify that the information provided in this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is complete and correct in form and content, 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, trustee, or empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

Rosa M. Perez

10/5/00

(954) 587-1021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT -9 PM 12:06

REINSTATEMENT 00

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0874142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent