2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000026821

1. Entity Name

LIQUORS 46, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State
05-30-2000 90052 007 ***150.00

Principal Place of Business	Mailing Address
763 TOMLINSON TERR. LAKE MARY FL 32746	763 TOMLINSON TERR. LAKE MARY FL 32746-6391

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5284 SR 46 WEST Suite, Apt. #, etc.	763 Tomlinson Terr Suite, Apt. #, etc.
City & State: SANFORD, FL	City & State: Lake Mary, Fl
Zip: 32771 Country: U.S.A.	Zip: 32746 Country: U.S.A.

4. FEI Number: 59-3562314 ☐ 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
KANG, CHARLIE C 763 TOMLINSON TERR LAKE MARY FL 32746	Name: KANG CHARLIE C Street Address (P.O. Box Number is Not Acceptable): 763 Tomlinson Terr City: Lake Mary FL Zip Code: 32746

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 _____ DATE
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) ☐	**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	President ~~Chief~~ KANG CHARLIE C 763 Tomlinson Terr Lake Mary, Fl 32746 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition
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CR2E034 (9/99)

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 REQUIRED 4/15/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #