2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 16, 2000 8:00 am DOCUMENT # P99000045220 1. Entity Name **Secretary of State** WINE, SPIRITS & MORE INC. 03-16-2000 90079 021 ***150.00 Principal Place of Business Mailing Address 2200 CORPORATE BLVD..NW. STE. 401 2200 CORPORATE BLVD., NW. STE. 401 BOCA RATON FL 33431-7369 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0922834 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HCRM CORP. Street Address (P.O. Box Number is Not Acceptable) 2200 CORPORATE BLVD., NW, STE. 401 **BOCA RATON FL 33431** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPST Change X Addition ☐ Delete TITLE TITLE Svlvia Baldini NAME STREET ADDRESS 2200 Corporate Blvd. N.W., Suite 401 STREET ADDRESS CITY-ST-ZIP Boca Raton, Florida 33431 CITY-ST-ZIP Change X Addition Delete TITLE NAME James Hepple STREET ADDRESS STREET ADDRESS 2200 Corporate Blvd. N.W., Suite 401 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, Florida 33431 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME

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 1 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 eddress, with all paper like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Sylvia Baldini,

Feb. 29, 2000

(305) 932-3352

Daytime Phone #