## FILED Apr 24, 2002 8:00 am Secretary of State 04-24-2002 90252 041 \*\*\*150.00

## **2002 UNIFORM BUSINESS REPORT (UBR)**

P9900066284 **DOCUMENT #** 

1. Entity Name

FINA WINES AND LIQUORS, INC.

, , , , , , , , , , , , , , , , , , , ,								04-24-2	JOZ JO.	232 VT	1 13	0.00	
Principal Place of Business 1296 NE 163RD ST MIAMI FL 33162		Mailing Address 712 N.E. 204 LN. N. MIAMI FL 33179											
2. Principal F	Place of Business	3. Mailing Address 2751 5. 00	 :EA^	, DRII	) (=								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc. 902 - 5				DO NOT WRITE IN THIS SPACE							
City & State		City & State 140LLY wood , FL				4. FEI Number 65-0933379				Applied For Not Applicable			
Zip	Country	33019	Count	Υ <u>······</u>	<u></u>			atus Desire		- F	ee Require	ditional ===== ed	= =
	6. Name and Address of Current R	egistered Agent		Name	7	7. Name	and Add	ress of Ne	w Regis	tered Ag	gent		┨
HERRERA 712 N.E. : N. MIAMI		, , , , , , , , , , , , , , , , , , ,	27			0. Box N 5. O	CEAN	Vot Accept ✓ DR	able)	Ap+	Zip Coo	2 - 5	
8. The above	e named entity submits this statement for	the purpose of changing its	registere					the State o	f Florida.		133	7	-
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered	Agent signatu	re required wh	nen reinstati	ng)			DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
11.	) OFFICERS AND D		12.	1		ADDITIO	ONS/CHA	NGES TO	OFFICER				╡_
NAME STREET ADDRESS CITY-ST-ZIP	D - HERRÉRA, ORLANDO A 712 N.E. 204 LN. N. MIAMI FL 33179	☐ Delete			2751 Holly			~ DRI	√€ , 330	4 pł.	<b>⊠</b> Change 902-:	☐ Addition	F034 (9/
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Delete								[	Change	☐ Addition	CBO
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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

4-8-02 (305) 940-5311

Daytime Phone #