

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086675

1. Entity Name

ACONCAGUA WINE CORP.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90190 018 ***150.00

Principal Place of Business

17092 COLLINS AVE STE 100
SUNNY ISLES FL 33160

Mailing Address

17092 COLLINS AVE STE 100
SUNNY ISLES FL 33160-3606

2. Principal Place of Business

17090 COLLINS AVE

3. Mailing Address

17090 COLLINS AVE

Suite, Apt. #, etc.

STE 609

Suite, Apt. #, etc.

STE 609

City & State

SUNNY ISLES BEACH, FL

City & State

SUNNY ISLES BEACH, FL

4. FEI Number

65-0957578

Applied For

Not Applicable

Zip

33160-3658

Country

USA

Zip

33160-3658

Country

USA

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

SIPPRELL, MATTHEW F
17092 COLLINS AVE STE 100
SUNNY ISLES FL 33160

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	PRES	MIGUEL A. LO PRESTI	17090 COLLINS AVE, STE 609 SUNNY ISLES BEACH, FL 33160-3658		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	VP	NESTOR O. FAUSTI	17090 COLLINS AVE, STE 609 SUNNY ISLES BEACH, FL 33160-3658		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	TREAS	JUANA D. PERETTI	17090 COLLINS AVE, STE 609 SUNNY ISLES BEACH, FL 33160-3658		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	SECY	MATTHEW F. SIPPRELL	17092 COLLINS AVE, STE 100 SUNNY ISLES BEACH, FL 33160-3658		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	CIT	DANIEL ROJAS	17090 COLLINS AVE, STE 609 SUNNY ISLES BEACH, FL 33160-3658		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

5.2.00

Date

305-949-9469

Daytime Phone #

CR2E034 (9/99)