2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am \$\frac{3}{2}\$ Secretary of State \$\gamma\$ P99000092494 DOCUMENT # 1. Entity Name CANDLES & WINES, INC. Principal Place of Business Mailing Address PO BOX 522081 7102 SW 103 PL MIAMI FL 33152 MIAM! FL 33173 2. Principal Place of Business 9461 S.W. 81 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0958027 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 1)A-DE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORTINA, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 7102 SW 103 PL. **MIAMI FL 33173** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE CORTINA, AMONIO CORTINA, ANTONIO NAME NAME 9461 Siw. 815+ 7102 SW 103 PL STREET ADDRESS STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP CITY-ST-ZIP Change **VPD** ☐ Delete TITLE ☐ Addition TITLE CORTINA, YOHANDRA NAME NAME 7102 SW 103 PL. STREET ADDRESS STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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changed; or on an attachment with an address, with all other like