

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90106 001 \*\*\*300.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000103421**

1. Entity Name

**PALM BEACH HOUSE OF FRENCH WINE, INC.**

Principal Place of Business

1068 HYPOLUXO ROAD  
LANTANA FL 33462

Mailing Address

POST OFFICE BOX 2805  
PALM BEACH FL 33480

2. Principal Place of Business

1068 Hypoluxo Rd.

Suite, Apt. #, etc.

3. Mailing Address

Po Box 2805

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Lantana

City &amp; State

Palm Beach FL

4. FEI Number

65-0965210

Applied For

Not Applicable

Zip

33462

Country

U.S.A.

Zip

33480

Country

U.S.A.

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Gerard J. Chachia

Street Address (P.O. Box Number is Not Acceptable)

1068 Hypoluxo Rd.

Lantana

City

FL

Zip Code

33462

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 reappointing)

DATE

GERARD J. CHACHIA 6/4/01

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, 2001 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**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CHACHIA, GERARD J	
STREET ADDRESS	1068 HYPOLUXO ROAD	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

  
GERARD J. CHACHIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-01 561 371 9911

Date

Daytime Phone #

CR2E034 (10/00)