

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90066 001 ***150.00

UST5559 AI

DOCUMENT # F99000003476
 1. Entity Name
COFFEE AMERICA (USA) CORPORATION

Principal Place of Business 161 MAIDEN LANE NEW YORK NY 10038	Mailing Address 161 MAIDEN LANE NEW YORK NY 10038
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3678453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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 _____ (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, 2002 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	C	<input type="checkbox"/> Delete
NAME	DE SOLA, HERBERT	
STREET ADDRESS	161 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	EMANUELE, RICHARD	
STREET ADDRESS	161 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	KEAVENEY, WILLIAM P	
STREET ADDRESS	161 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHWARTZ, RICARDO	
STREET ADDRESS	161 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOGAN, THOMAS	
STREET ADDRESS	161 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIVARAL, MARIO ROBERTO L	
STREET ADDRESS	161 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	

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	VCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEAVENEY, KIERAN J.	
STREET ADDRESS	161 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK, NY 10038	
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		

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: _____ DATE: **Jan 7, 2002** DAYTIME PHONE #: **212422 7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR02F034 (9/01)