2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P98000065194

SPECIALTY COFFEE CORPORATION

FILED

00 JUN 16 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
1001 S.E. 12TH COURT	SAME
Suite, Apt. #, etc.: 1A	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State
Zip: 33990 Country: USA	Zip / Country

4. FEI Number: 65-0854869 ☐ Applied For ☐ Not Applicable

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
	Name: ANTONIO C. IERARDI
	Street Address (P.O. Box Number is Not Acceptable): 406 N.W. 37TH PLACE
	City: CAPE CORAL FL Zip Code: 33993

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] - Secretary 04/25/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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) ☐ — $150.00 Make Check Payable

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	PRESIDENT LEANDRA IERARDI 406 N.W. 37TH PLACE CAPE CORAL, FL 33993	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ANTONIO C. IERARDI 406 N.W. 37TH PLACE CAPE CORAL, FL 33993	☐ Delete	☐ Change ☐ Addition 900003321599--8 -07/13/00--01007--006 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☒ Addition 900003321599--8 -07/13/00--01007--007 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☒ Addition 99-00 TS

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: X [signature] - Secretary 04/25/2000 (941) 772-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #