

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/1

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90025 047 \*\*\*150.00

**DOCUMENT # P99000012983**

1. Entity Name

**B & B JAVA INTERNATIONAL, INC.**

Principal Place of Business  
 10117 W. OAKLAND PARK BLVD  
 SUITE 334  
 SUNRISE FL 33351

Mailing Address  
 10117 W. OAKLAND PARK BLVD  
 SUITE 334  
 SUNRISE FL 33351-6917

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-089557.8**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MANN, ANDREW L P.A.**  
**4300 N. UNIVERSITY DR., STE. G-203**  
**FT. LAUDERDALE FL 33351**

7. Name and Address of New Registered Agent

Name: **ARNIE Bloom**  
 Street Address (P.O. Box Number is Not Acceptable): **741 Cocoplum Circle**  
 City: **PLANTATION** FL Zip Code: **33324**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/26/00**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>MANN, ANDREW L P.A.</b>	<b>4300 N. UNIVERSITY DR., STE. G-203</b>	<b>FT. LAUDERDALE FL 33351</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>ARNIE Bloom</b>	<b>741 COCOPLUM CIRCLE</b>	<b>PLANTATION, FLORIDA 33324</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>FRED BROWN VICE PRESIDENT</b>	<b>720 COCOPLUM CIRCLE</b>	<b>PLANTATION, FLORIDA 33324</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

**1/26/00 954 916-5385**