2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 393639** Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** BRISK COFFEE CO., INC. 03-30-2000 90036 010 ***150.00 Mailing Address Principal Place of Business 507 N. 22ND ST. 507 N. 22ND ST. TAMPA FL 33605 TAMPA FL 33605-6056 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1379567 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 507 N 22ND STREET **TAMPA FL 33605** 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition PD ☐ Delete TITLE TITLE PEREZ, RICHARD J. NAME NAME STREET ADDRESS STREET ADDRESS 507 N 22ND ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition ☐ Change ☐ Delete TITLE PEREZ.MARY JEAN NAME STREET ADDRESS STREET ADDRESS 507 N. 22ND ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change Addition TITLE Delete PEREZ. RONALD NAME NAME STREET ADDRESS STREET ADDRESS 507 N. 22ND ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change Addition 📆 Delete TITLE TITLE NAME PEREZ, DENISE NAME STREET ADDRESS 507 N. 22ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition ☐ Delete THE TITLE NAME **33605** Tandi. FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 frue and acqurate 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report of the corporation or the receiver or trustee ery changed, or on an attachment with an address

NG OFFICER OR DIRECTOR