

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 560896**

1. Entity Name

PIER COFFEE SHOP, INC.**FILED****Jan 18, 2001 8:00 am**
Secretary of State

01-18-2001 90004 031 ***150.00

0246272

Principal Place of Business Mailing Address
2 COMMERCIAL BLVD **2 COMMERCIAL BLVD**
LAUD BY SEA FL 33308 **LAUD BY SEA FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1811857	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent**CALDERONE, ANTHONY SR.**
2 COMMERCIAL BLVD
LAUDERDALE BY-TH-SEA FL 33308**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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALDERONE, LOUISE 4341 EL MAR DRIVE LAUD BY THE EA, FL00000 <input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY PISARZEWSKI 4732 N.E. 17 TERRACE Oakland Park, Florida 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALDERONE, ANTHONY, JR 4341 EL MAR DRIVE LAUD BY THE SEA, FL00000 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALDERONE, ANTHONY SR. 4341 EL MAR DRIVE LAUD BY THE SEA, FL00000 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)