- 2000 UNIFORM BUSINESS REPORT (UBR)						Prin.		
DOCUMENT # A9500000148							Sept to separate to the separa	
1. Entity Nam UNIQUE	UNIQUE COFFEE SHOP, LTD.				* • F		SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business Mailing Address 490 EAST PALMETTO PARK RD SUITE 110 490 EAST PALMETTO PARI BOCA RATON FL 33432 BOCA RATON FL 33432-50							00 JUN 26 PM 1: 29	
2. Principal Place of Business 1515 So Feeder AL Hwy 1515 So Feed Suite, Apt. #, etc. Suite, Apt. #, etc.					beral Hwy		DO NOT WRITE IN THIS SPACE	
City & State	//	F(- 1	City & State		FL		4. FEI Number 65-0550106 Applied For Not Applicable	
Zip . 334	Country 1	5	33432	Coun			5. Certificate of Status Desired \$8.75 Additional Fee Required	
(357)	6. Name and Addre	-					7. Name and Address of New Registered Agent	
MAX, DENNIS 490 E. PALMETTO PARK RD., SUITE 110 BOCA RATON FL 33432					Street Add		(P.O. Box Number is Not Acceptable) Hwy 576 211	
					City	Buca ROTON FL Zip Code 432		
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								
							2) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								
12. GENERAL PARTNER INFORMATION					13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000006642 UNIQUE COFFEE SHOP, INC. 490 E PALMETTO PARK RD., SUITE 110 BOCA RATON FL 33432				-ST-ZIP	1513 Bo	ca haron +L 33+32	
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NAME STREET ADDRESS CITY-ST-ZIP				СПУ	-ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP				СПУ	-ST-ZIP			
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STREET ADDRESS CITY - ST - ZIP					-ST-ZIP			
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								
SIGNATURE: SIGNATURE REQUIRED 3-1.00 561-392-0611								