

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90163 033 \*\*\*150.00

DOCUMENT # **F9400000 5695** ✓

1. Entity Name

**JAVA RESERVATIONS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2 N.E. 40th ST**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**401**

Suite, Apt. #, etc.

City & State

**Miami**

City & State

4. FEI Number

**363707130**

Applied For

Not Applicable

Zip

**33137**

Country

**DADE**

Zip

Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

**FRED SCHWARTZ**

Street Address (P.O. Box Number is Not Acceptable)

**2 N.E. 40th ST #401**

City

**Miami**

**FL**

Zip Code

**33137**

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

**FRED SCHWARTZ**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<b>PRESIDENT</b>
NAME	<b>FRED SCHWARTZ</b>
STREET ADDRESS	<b>2 N.E. 40th ST 401</b>
CITY - ST - ZIP	<b>MIAMI FL 33137</b>
TITLE	<b>VICE PRESIDENT</b>
NAME	<b>MICHAEL DORRMAN</b>
STREET ADDRESS	<b>1501 W. FULLERTON</b>
CITY - ST - ZIP	<b>CHICAGO IL 60614</b>
TITLE	<b>SECRETARY</b>
NAME	<b>VICKI CANNIZZO</b>
STREET ADDRESS	<b>2 N.E. 40th ST #401</b>
CITY - ST - ZIP	<b>MIAMI, FL 33137</b>
TITLE	
NAME	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE

**FRED SCHWARTZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**

**786-252-7536**

Date

Daytime Phone #

CR2E034B (12/01)