

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90049 025 ***150.00

DOCUMENT # F99000003506

1. Entity Name
COFFEE DROP NORTH AMERICA, INC.

Principal Place of Business Mailing Address
SJO 2896 P.O. BOX 025216 SJO 2896 P.O. BOX 025216
MIAMI FL 33102-5216 MIAMI FL 33102-5216

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0929253** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LIBOW, ALLEN H
301 YAMATO ROAD, SUITE 4199
BOCA RATON FL 33431

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 _____ (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, 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	DPST	<input type="checkbox"/> Delete
NAME	TAIT, JAMES	
STREET ADDRESS	SJO 2896 P.O. BOX 025216	
CITY-ST-ZIP	MIAMI FL 33102-5216	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MICHAEL JOHN ISSELIN	
STREET ADDRESS	SJO 2896 P.O. BOX 025216	
CITY-ST-ZIP	MIAMI FL 33102-5216	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DENNIS ARNOLD SETZER	
STREET ADDRESS	SJO 2896 P.O. BOX 025216	
CITY-ST-ZIP	MIAMI FL 33102-5216	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MICHAEL VINCENT BINDEL	
STREET ADDRESS	SJO 2896 P.O. BOX 025216	
CITY-ST-ZIP	MIAMI FL 33102-5216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: James Tait Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)