

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003506

1. Entity Name

COFFEE DROP NORTH AMERICA, INC.

FILED

01-JUL--3 AM 11:32

Principal Place of Business

200 S. BISCAYNE BLVD., 4100 FLOOR
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD., 4100 FLOOR
MIAMI FL 33131

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

200 S. Biscayne Blvd.

3. Mailing Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

4100

Suite, Apt. #, etc.

4100

City & State

Miami, FL

City & State

Miami, FL

2001 AMENDED UBR

4. FEI Number

65-0929253

Applied For

Not Applicable

Zip

33131

Country

US

Zip

33131

Country

US

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

RJVF CORPORATE SERVICES INC.

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

200 SOUTH BISCAYNE BOULEVARD

SUITE 4100

City

MIAMI

FL

Zip Code
33131

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

6/29/01

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 State

10. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ALEJANDRO EGEA c/o 200 S. BISCAYNE BLVD., #4100 MIAMI FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER MICHAEL VINCENT BINDEL SJO 2896 P O BOX 025216 MIAMI FL 33102-5216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004474212--8 -07/13/01--01037--014 *****61.75 *****61.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

UNIFORM BUSINESS REPORT

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

06/29/2001

Date

Daytime Phone #