2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **.J71706** May 12, 2000 8:00 am Secretary of State COFFEE TIME, INC. 05-12-2000 90079 034 ***150.00 Principal Place of Business Mailing Address 9946-4W-17711-ST 8825 NW 14 ST 8825 NW 145T 9846 NW-17TH ST GORAL-SPRINGS FL 33071-5803 CORAL SPRINGS PL 33071-5803 PLANTATION PLANTATION FL 33322 FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2803303 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARKOWITZ, MARVIN Street Address (P.O. Box Number is Not Acceptable) 8825 NW 14 ST 9846 NW 17TH ST COPAL SPRINGS EL 33065 PLANTATION FL 33322 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition TITLE STD ☐ Delete TITLE NAME NAME MARKOWITZ, MARVIN STREET ADDRESS STREET ADDRESS 9846 NW-17TH-6T 8825 NW 1457 CITY-ST-ZIP CITY-ST-ZIP PLANTATION CORAL-SPRINGS FL ____ Addition ☐ Change TITLE NAME MARKOWITZ, ALMA 9840 NW 17TH 6T 8825 NW 14 57 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL PLANTATION CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MARKOWITZ, STEVEN STREET ADDRESS STREET ADDRESS 10245 NW 31ST COURT CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS TIY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quarity 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/fustage 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 attach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR