2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State
01-24-2001 90012 016 ***150.00

0620544

DOCUMENT # J79652

1. Entity Name
PREMIUM COFFEE SERVICE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~12452 SW 117 CT~~ ~~10821 SW 127 ST~~ ~~MIAMI FL 33186~~ ~~US~~	P.O. BOX 0991 MIAMI FL 33256-0991 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12452 SW 117th Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33186 Country: USA	Zip Country

4. FEI Number 65-0134733 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DAGEN, ALAN-ESQ~~ ~~C/O SCHANTZ, SCHATZMAN ET AL~~ ~~200 S BISCAYNE BLVD #1050~~ ~~MIAMI FL 33131~~	Name: Alan J. Kristal Street Address (P.O. Box Number is Not Acceptable): 12452 SW 117th Ct City: Miami FL Zip Code: 33186

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 _____ Alan J. Kristal - Treasurer 1/11/2001
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) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIRESTONE, MERTIN J P.O. BOX 56-0991 N/A MIAMI FL 33256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~FIRESTONE~~, MARTIN J. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KRISTAL, CHERYL J P.O. BOX 56-0991 MIAMI FL 33256-0991	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FIRESTONE, MARJORIE E P.O. BOX 56-0991 MIAMI FL 33256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KRISTAL, ALAN J P.O. BOX 56-0991 MIAMI FL 33256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 1/15/01 (305) 253-7507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #