

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53260

1. Entity Name

CYPRESS REFRESHMENTS, INC.

Principal Place of Business

P.O. BOX 272621
BOCA RATON FL 33427

Mailing Address

P.O. BOX 272621
BOCA RATON FL 33427-2621

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANASSE, HEATHER
7849 CYPRESS CRESCENT
BOCA RATON FL 33433

6631 LUCAYA AVENUE
BOYNTON BEACH FL
33437

Name

SAVE

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

6631 LUCAYA AVENUE

City

BOYNTON BEACH

FL

Zip Code

33437

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

Heather Manasse, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/00.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MANASSE, HEATHER
CITY-ST-ZIP 6631 LUCAYA AVENUE
BOYNTON BEACH FL 33437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MANASSE, MITCHELL
CITY-ST-ZIP 21 SILVER SPRING ROAD
W. ORANGE, NJ 07052

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3 SCOTT LANE
CITY-ST-ZIP DOYLESTOWN, PA 18901

TITLE ☐ Delete
NAME D
STREET ADDRESS PETERS, ROBIN
CITY-ST-ZIP 401 BONESET BRANCH LANE
JACKSONVILLE FL 32259

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MANASSE, BARRY
CITY-ST-ZIP 201 W 70TH ST #7B
NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Heather Manasse, President
HEATHER MANASSE, PRESIDENT

3/8/00

Date

561-362-8822

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90053 031 ***150.00