

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 21 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000001976

1. Entity Name

ALEXANDRIA COFFEE SERVICE, L.L.C.

Principal Place of Business

575 PROSPECT STREET, SUITE 222
EXCEL BUSINESS PARK
LAKEWOOD NJ 08701

Mailing Address

575 PROSPECT STREET, SUITE 222
EXCEL BUSINESS PARK
LAKEWOOD NJ 08701

2. Principal Place of Business

5441 NW 15th ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MARGATE FLA

City & State

Zip

33063

Country

USA

4. FEI Number

22-3333614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILTERFRESH OF SOUTHERN FLORIDA
5441 NW 15TH STREET
MARGATE FL 33063

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400003335544--3
-07/25/00--01079--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR KEEFE, PAUL *OPERATING partner* ☐ Delete
STREET ADDRESS 5441 NW 15TH STREET
CITY-ST-ZIP MARGATE FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/12/00

954.969.6059

CR2E083 (5/00)