

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

07-01-2002 90355 041 ****50.00

DOCUMENT # M01000001188

1. Entity Name

JAVA TIME FLORIDA LLC

Principal Place of Business

**378 UNIVERSITY AVENUE
 WESTWOOD MA 02090**

Mailing Address

**378 UNIVERSITY AVENUE
 WESTWOOD MA 02090**

2. Principal Place of Business

5441 NW 15th ST, Bay #5

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Margate FL
 33063**

City & State

Zip

Country

4. FEI Number

06-1618471

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Chairman of Board	Roger Cohen	378 University Avenue	Westwood, MA 02090	<input type="checkbox"/> Delete
Board Member	Paul Keele	5441 NW 15th St, Bay #5	Margate, FL 33063	<input type="checkbox"/> Delete
Board Member	Ed Holloran	378 University Avenue	Westwood, MA 02090	<input type="checkbox"/> Delete
Board Member	Earl Hebert	5441 NW 15th St, Bay #5	Margate, FL 33063	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Managing Member				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Managing Member				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Managing Member				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Managing Member				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/17/02 (781) 461-8734

CR2083 (9/01)