2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01676

1. Entity Name

PERFECT CHOICE SOUTH COFFEE SERVICE, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90307 034 ***150.00

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rincipal Place of Business 0100 NW 116TH WAY TE 18 IEDLEY FL 33178 IS		Mailing Address 10100 NW 116TH WAY STE 18 MEDLEY FL 33178 US							
of Business	3. Mailing Address								
Suite, Apt. #, etc. Suite, A			ite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
	City & State	City & State			4. FEI Number 59-2422487			Applied For Not Applicable	
Country	Zip	Zip Country		<u></u>	<u> </u>	└ Fe	e Required	itional d	
. Name and Address of Cur	rent Registered Agent		1	7. Na	ame and Address of New Regis	stered Age	int		
A M. Street				(P.O. Bo	x Number is Not Acceptable)				
D-8 MIAMI FL 33015			City		<u> </u>	FL	Zip Code	9	
of registered agent.	agent and title if applicable.					DATE			
	0.00				Election Campaign Financ Trust Fund Contribution.	cing		May Be to Fees	
OFFICERS A	AND DIRECTORS	11.		ADD	OITIONS/CHANGES TO OFFICE	RS AND DI	RECTORS	S IN 11	
CCI, JOSE W. 323 NW 83 CT AMI FL 33016	Delete	NAM Stre	E ET ADDRESS] Change	Addition	
CCI, LORENA M. 323 NW 83 CT	☐ Delete	NAM STRE	E ET ADDRESS] Change	☐ Addition	
WHI I C 000 ID	☐ Delete	NAM Stre	E ET ADDRESS] Change	Addition	
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	of Business C. Country Name and Address of Cur A M. STREET 15 The dentity submits this statement of registered agent. Thure, typed or printed name of registered NOW!!! FEE IS \$150.00 y1, 2003 Fee will be \$550 yable to Florida Department of Pricers. CCI, JOSE W. B23 NW 83 CT MI FL 33016 CCI, LORENA M. B23 NW 83 CT MI FL 33016	AY 10100 NW 116TH W/ STE 18 MEDLEY FL 33178 US of Business C. Suite, Apt. #, etc. City & State Country Zip Name and Address of Current Registered Agent A M. STREET 15 The definition of registered agent and title if applicable. NOW!!! FEE IS \$150.00 y1, 2003 Fee will be \$550.00 yable to Florida Department of State OFFICERS AND DIRECTORS CCI, JOSE W. 123 NW 83 CT MM FL 33016 CCI, LORENA M. 123 NW 83 CT MM FL 33016 Delete Delete Delete Delete	### 10100 NW 116TH WAY STE 18 ### MEDLEY FL 33178 US of Business c. Suite, Apt. #, etc. City & State Country Zip Country Zip Country A M. STREET 15	Mailing Address 10100 NW 116TH WAY STE 18 MEDLEY FL 33178 US of Business C. Suite, Apt. #, etc. City & State Country Zip Country A M. STREET Street Address Crity City City	Business WAY 10100 NW 116TH WAY STE 18 MEDLEY FL 33178 US Of Business G. Suite, Apt. #, etc. City & State Country Zip Country Zip Country S. C Name and Address of Current Registered Agent A M. STREET A M. STREET Street Address (P.O. Bo City City	Business MAY Idea My 1676 My 1678 My STE 18 MEDLEY FL 3378 US Of Business S. Mailing Address C. Suite, Apt #, etc. City & State C. City & State C. Country Zip Country Size Country Country To Country Size Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City City & State Country City City & State Country Size Address (P.O. Box Number is Not Acceptable) City City & State Country City City & State Country Size Address (P.O. Box Number is Not Acceptable) Total Field Country Size Address (P.O. Box Number is Not Acceptable) City City & State Country City City & State Country Size Address (P.O. 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I am fam of registered agent. City FL Street Address (R.O. Box Number is Not Acceptable) Defermitly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fam of registered agent. City FL Street Address (R.O. Box Number is Not Acceptable) Defermitly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fam of registered agent. Street Address (R.O. Box Number is Not Acceptable) Defermitly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fam of registered agent. Street Address (R.O. Box Number is Not Acceptable) Defermitly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fam of registered agent. Defermitly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fam fam fam fam fam fam fam fam fam	Business WAY Mailing Address 10(0) NY 116TH WAY STE 18 MEDLEY FL 33178 US GI Business: 3. Mailing Address C. Suite, Apt. #. etc. City & State City & State Country Zip Country Zip Country S. Certificate of Siasus Desired S8.75 Address Name and Address of Current Registered Agent Name A M. Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) To registered agent, or both, in the State of Florida. I am term ster with, or registered agent, or both, in the State of Florida. I am term ster with, or registered agent, or both, in the State of Florida. I am term ster with, or registered agent, or both, in the State of Florida. I am term ster with, or registered agent, or both, in the State of Florida. 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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turmer 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 22 03 305-884-3430