

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03513

1. Entity Name

SOUTH FLORIDA COFFEE WAREHOUSING AND TRANSPORT A

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90174 015 ****61.25

Principal Place of Business % ECONOCARIBE CONSOLIDATORS. INC. 2401 NW 69 STREET MIAMI FL 33147	Mailing Address % ECONOCARIBE CONSOLIDATORS. INC. 2401 NW 69 STREET MIAMI FL 33147-6883
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**LESNIK, GERALD
2401 NW 69 STREET
MIAMI FL 33147**

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 \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, ANGIE	
STREET ADDRESS	1015 N AMERICA WAY	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONCEPCION, JOSE	
STREET ADDRESS	3401-A NW 72ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LESNIK, GERALD	
STREET ADDRESS	2401 NW 69TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OFFEN, EMANUEL	
STREET ADDRESS	2401 NW 69TH ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EMANUEL M. OFFEN 2/29/00 305) 693-5133

CR2E037 (9/99)