

00-90121-010-\$61.25-\$61.25

DOCUMENT #

1. Entity Name

THEATER WITH YOUR COFFEE?, INC.

Principal Place of Business

Mailing Address

1951 N.E. SECOND AVENUE
APARTMENT 1-218
FT. LAUDERDALE FL 333051951 N.E. SECOND AVENUE
APARTMENT 1-218
FT. LAUDERDALE FL 33305-2022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0727745

Applied For

Not Applicable

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

NAGY, KAREN
1951 N.E. SECOND AVENUE
APARTMENT 1-218
FT. LAUDERDALE FL 33305

Name DOLORES MILLER

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

2471 NE 199 ST.

City MIAMI

FL

Zip Code

33180

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JURRIST, LAWRENCE
STREET ADDRESS 1528 FLETCHER STREET
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Delete
NAME PRESTIGIACOMO, ROBERTO
STREET ADDRESS 1458 VAN BURNE STREET
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE ARTISTIC DIRECTOR ☒ Change ☐ Addition
NAME DOLORES MILLER
STREET ADDRESS 2471 NE 199 ST.
CITY-ST-ZIP MIAMI, FL 33180TITLE D ☐ Delete
NAME BOHALL, BETHANY
STREET ADDRESS 607 S 15 AVE
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 305-932-8380

FILED

00 MAR 31 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)