

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000610

1. Entity Name

FLORIDA COFFEE BOYS & CULTURAL SPORTS CLUB INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90205 034 ****61.25

Principal Place of Business

669 NW 49 STREET
MIAMI FL 33127
US

Mailing Address

669 NW 49 STREET
MIAMI FL 33127-2329
US

2. Principal Place of Business

669 NW 49th STREET
Suite, Apt. #, etc.

Building
City & State
miami florida

Zip 33127 Country U.S.A

3. Mailing Address

669 NW 49th STREET
Suite, Apt. #, etc.

Building
City & State
miami florida

Zip 33127 Country U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0871383

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, ALICK
669 NW 49 STREET
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name N.A.
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 *Alick James*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

18 APRIL 00

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	D	<input type="checkbox"/> Delete
NAME	JAMES, ALICK	
STREET ADDRESS	669 N.W. 49 ST.	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	DST	<input type="checkbox"/> Delete
NAME	THOMAS, LESTER	
STREET ADDRESS	4310 N.W. 16 ST., BLDG. 3, APT. 203	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAMBKIN, ROLAND L	
STREET ADDRESS	281 NW 101 ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	T	<input type="checkbox"/> Delete
NAME	JAMES, CARLTON P	
STREET ADDRESS	3912 NW 207 ST. RD.	
CITY-ST-ZIP	CAROL CITY FL 33055	
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	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICK James	
STREET ADDRESS	669 NW 49th ST mia FL 33127	
CITY-ST-ZIP		
TITLE	SECRETARY TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS LESTER	
STREET ADDRESS	4310 NW 16 ST	
CITY-ST-ZIP	BLDG 3 APT 203 LAUDERHILL FL 33313	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBKIN ROLAND	
STREET ADDRESS	281 NW 101 ST mia FL 33150	
CITY-ST-ZIP		
TITLE	TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES CARLTON P.	
STREET ADDRESS	3912 NW 207 ST RD, CAROL CITY	
CITY-ST-ZIP	FL 33055	
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		

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: *Alick James*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18th APRIL 00 3057517318

Date

Daytime Phone #

CR2E037 (9/99)