

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91191 014 ***150.00

DOCUMENT # P00000036841

1. Entity Name

TWO STREET COFFEE GARAGE, INC.

Principal Place of Business
**209 SOUTH WEST 2ND AVENUE
 FORT LAUDERDALE FL 33301**

Mailing Address
**209 SOUTH WEST 2ND AVENUE
 FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-1009277 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CENTINEO, GREGORY
 10572 BUTTONWOOD LAKE DR
 BOCA RATON FL 33498**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CENTINEO, GREGORY	
STREET ADDRESS	10572 BUTTONWOOD LAKE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLUCKMAN, LARRY	
STREET ADDRESS	21894 LAKE FOREST CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	S	<input type="checkbox"/> Delete
NAME	CENTINEO, KELLE	
STREET ADDRESS	10572 BUTTONWOOD LAKE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (9/01)