FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90031 009 ***150.00

DOCUMENT # P01000001492

1. Entity Name

Brew Brothers Coffee, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4951 SW 33 TERR.	4951 SW 33 TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Lauderdale FL 33312	Ft. Lauderdale FL 33312
City & State	City & State
Ft Lauderdale FL	Ft. Lauderdale FL
Zip / Country	Zip / Country
33312 / USA	33312 / USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Steven C. Klein

Street Address (P.O. Box Number is Not Acceptable): 7522 Wiles Road Ste. 210

City: Coral Springs FL Zip Code: 33067

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: _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	Director.
NAME	Howard Strickman
STREET ADDRESS	4951 SW 33 Terr.
CITY-ST-ZIP	Ft. Lauderdale, FL 33312
TITLE	Director
NAME	Michael Thompson
STREET ADDRESS	822 SW 163 Ave
CITY-ST-ZIP	Miramar FL 33027
TITLE	Director
NAME	Marlon Thompson
STREET ADDRESS	6890 W Longbow Bend
CITY-ST-ZIP	Davie, FL 33331
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Marlon Thompson 4/30/02 954-593-9654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #