## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 15, 2002 8:00 am Secretary of State P01000039693 DOCUMENT # 1. Entity Name JAVA'S OF WELLINGTON, INC. 05-15-2002 90117 045 \*\*\*150.00 Principal Place of Business Mailing Address 1591 WILTSHIRE VILLAGE DRIVE 1591 WILTSHIRE VILLAGE DRIVE WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65·1111325 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INGUI, COREY Street Address (P.O. Box Number is Not Acceptable) 1591 WILTSHIRE VILLAGE DRIVE **WELLINGTON FL 33414** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition INGUI, COREY NAME NAME 1591 WILTSHIRE VILLAGE DRIVE STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAJJAR, ANTHONY NAME NAME STREET ADDRESS 3886 CIRCLE LAKE DRIVE STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33417 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME INGUI, CAROLYN 1591 WILTSHIRE VILLAGE DRIVE STREET ADDRESS STREET ADDRESS **WELLINGTON FL 33414** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAJJAR, GERMAINE NAME 3886 CIRCLE LAKE DRIVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with

CITY-ST-ZIP I

SIGNATURE:

CITY-ST-ZIP