2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 26, 2002 8:00 am Secretary of State P01000109070 DOCUMENT # 1. Entity Name 03-26-2002 90072 020 ***150.00 MORE COFFEE, INC. Principal Place of Business Mailing Address 1205 BERMUDA LAKES #204 1205 BERMUDA LAKES #204 KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address 14250 Colonial Grand Blud 14250 Colonial Grand Olud Suite, Apt. #, etc. # 2908 Suite, Apt. #, etc. # 2908 DO NOT WRITE IN THIS SPACE Orlando City & State 4. FEI Number Applied For *59-375577*2 Llang 0 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32837 Orangle Orange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 59xaVIA ALVAREZ, DARIO Street Address (P.O. Box Number in 14250 COLON I Q BN9 #5908 1205 BERMUDA LAKES #204 KISSIMMEE FL 34741 8. The above named entity submits this ng its registered office or registered agent, or both, in high state of Florida 02-06-02 Draio FRIVANIE SIGNATURE agent and title if applicable 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 \Box (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) resident Change ☐ Addition Delete TITLE TITLE SANAULA DINRIO DE COLOMBIA, INVERANDES NAME colonial grand Olvd #2908. NAME 1205 BERMUDA LAKES #204 14250 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 32837 CITY-ST-ZIP CITY-ST-ZIP ΟκλανδΟ VD ☐ Delete ☐ Change ☐ Addition TITLE TITLE ALVAREZ, DARIO NAME NAME 1205 BERMUDA LAKES #204 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete 1 Change 1 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP wis filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to be and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered to secure this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee changed, or on an attachment with an add