

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91465 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000007027					
1. Entity Name DE LA SIERRA COFFEE ROASTERS, INC.					
Principal Place of Business 4256 SW 73 AVE, UNIT 9 MIAMI, FL 33155			Mailing Address 4256 SW 73 AVE, UNIT 9 MIAMI, FL 33155		
2. Principal Place of Business 1760 SW 63 Avenue			3. Mailing Address 1760 SW 63 Avenue		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33155		Country USA		Zip 33155	
		Country USA		4. FEI Number 04-3751174	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent RASSNER, WAYNE H ESQ 7700 N. KENDALL DR., #510 MIAMI, FL 33156				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SIERRA, ALEXANDER 1760 SW 63 AVE. MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 507, 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: _____			04/25/03 305 321 8088		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (10/02)