

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 92210 030 ***150.00

DOCUMENT # P02000115556

1. Entity Name
BLACK COFFEE ALCHEMY, INC.



Principal Place of Business
**C/O CRUSH
584 BROADWAY, STE. 1102
NEW YORK NY 10012**

Mailing Address
**C/O CRUSH
584 BROADWAY, STE. 1102
NEW YORK NY 10012**

2. Principal Place of Business

3. Mailing Address
C/O W.E.C. - 15 E. 26th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1803

City & State

City & State
New York, New York

Zip

Country

Zip

Country

10010

U.S.A.

4. FEI Number **36-4511220**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEPTUNE, CHAD
3120 HIDDEN HOLLOW LANE
DAVE FL 33328**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **D** ☐ Delete
NAME **NEPTUNE, CHAD**
STREET ADDRESS **3120 HIDDEN HOLLOW LANE**
CITY-ST-ZIP **DAVE FL 33328**

TITLE **D** ☐ Delete
NAME **LORDOBA, DERICK**
STREET ADDRESS **P.O. BOX 612362**
CITY-ST-ZIP **POMPANO BEACH FL 33061**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 212-683-4200
Date Daytime Phone #

CR2E034 (10/02)