

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

FILED

03 NOV 13 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000125284**

1. Entity Name

**MOCHA MOJO, INC.**



**DO NOT WRITE IN THIS SPACE**

400023985644

10/21/03--01140--004 \*\*150.00

**REINSTATEMENT** 87

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10106 MONTAGUE ST**  
Suite, Apt. #, etc.

3. Mailing Address

**10106 MONTAGUE ST**  
Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA FL**

4. FEI Number

**39-00-227794-01-5**

Applied For

Not Applicable

Zip

**33626**

Country

Zip

**33626**

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**BETH M. SCHWARTZ**

Street Address (P.O. Box Number is Not Acceptable)

**9609 ROYCE DR**

City

**TAMPA**

FL

Zip Code

**33626**

**DO NOT WRITE  
IN THIS SPACE**

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

**Beth M. Schwartz**

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

**Beth M. Schwartz**

(NOTE: Registered Agent signature required when reinstating)

**10-14-03**

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**PRESIDENT  
BETH M. SCHWARTZ  
9609 ROYCE DR  
TAMPA, FL 33626**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Beth M. Schwartz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-14-03 813-928-3238**

Date

Daytime Phone #

CR2E034B (12/02)

14 October 2003

Florida Department of State  
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

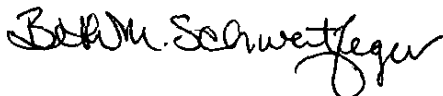
Beth M. Schwertfeger  
Mocha Mojo, Inc.  
9609 Royce Dr.  
Tampa, FL 33626

To whom it may concern,

I am writing to you because of a letter that I received on the 11<sup>th</sup> of October. The letter informed me that my Corporation was dissolved due to not filling out the Uniform Business Report and returning it with a check for \$150.00 before May 1<sup>st</sup>.

Per my conversation with "Steve" from the reinstatement department on Monday October 13<sup>th</sup>, I have included a check for \$150.00 as required to re-activate my corporation for the beginning of the year 2003. I understand that this is not something to take lightly and I understand the ramifications of this delinquency. Please understand that all of our paper work has been bouncing around between our attorney and our accountant. This was something that I was not aware needed to be done prior to May 1<sup>st</sup>. I am now on top of things and will make sure that this is not delinquent in the future.

Thank you for your understanding.



Beth M. Schwertfeger  
President/CEO Mocha Mojo, Inc.