

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90296 018 ***150.00

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

4

DOCUMENT # P02000131279
1. Entity Name
RAPI 2 COFFEE SHOP, INC.



55041204

Principal Place of Business
1000-B EAST LEJEUNE ROAD
HALEAH FL 33010

Mailing Address
1000-B EAST LEJEUNE ROAD
HALEAH FL 33010

2. Principal Place of Business
1000-B E Reserve Road
Suite, Apt. #, etc. 10

3. Mailing Address
Suite, Apt. #, etc. 17

City & State
HALEAH FL

City & State
HALEAH FL

Zip 33010 Country FL

Zip 11 Country 11

8. Name and Address of Current Registered Agent
COCA, PATRIA I
18546 SW 51 STREET
MIRAMAR FL 33027

4. FEI Number
65-116 63-78

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 Patria I Coca (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	PD COCA, PATRIA I 18546 SW 51 STREET MIRAMAR FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COCA, ROLANDO 18546 SW 51 STREET MIRAMAR FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Patria I Coca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #