2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P35315** May 05, 2000 8:00 am 1. Entity Name Secretary of State JVA INTERNATIONAL INC. 05-05-2000 90052 028 ***150.00 Principal Place of Business Mailing Address 12500 CAPRI CIRCLE NORTH 8100 PARK BOULEVARD SHITE 26C TREASURE ISLANE FL 33706-4970 PINELLAS PARK FL 34665 3. Mailing Address 2. Principal Place of Business NEW ADDRESS: Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 399 150th Avenue Condo 113-B City & State Madeira Beach, FL 33708 FEI Number Applied For 59-3069290 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BECKON, WEIR Street Address (P.O. Box Number is Not Acceptable) 8100 PARK BLVD STE 26C PINELLAS PARK FL 33781 Zip Code FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE VCC ☐ Delete TITLE ☐ Change NAME **BECKON WEIR** NAME STREET ADDRESS STREET ADDRESS 399 150th Avenue Condo 113-B 33708 CITY-ST-ZIP CITY-ST-ZIF Madeira Beach, FL Change Addition TITLE TITLE ☐ Delete BECKON. WEIR NAME NAME 399 150th (Avenue Condo 113-B STREET ADDRESS STREET ADDRESS Madeira Beach, FL 33708 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BECKON, WEIR NAME NAME STREET ADDRESS STREET ADDRESS 399) 150th Avenue Condo 113-B CITY-ST-ZIP CITY-ST-ZIP Madeira Beach, FL 33708 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address? With all other like empowered.

SIGNATURE:

SCHALL REPOURED

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

121-545-2298

Daytim