

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90435 001 ***150.00

DOCUMENT # P93000030649

1. Entity Name
COFFEE & SWEETS COMPANY

Principal Place of Business
5520 GODFREY ROAD
CORAL SPRINGS FL 33067
US

Mailing Address
5520 GODFREY ROAD
CORAL SPRINGS FL 33067
US

2. Principal Place of Business
21998 CARTAGENA DR
 Suite, Apt. #, etc.

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

City & State
BOCA RATON FL
 Zip
33428
 Country

City & State
 Zip
 Country

4. FEI Number **65-0412419**
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent
BOMZE, HOWARD J
5520 GODFREY ROAD
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent
 Name **WENDY LEE BOMZE**
 Street Address (P.O. Box Number is Not Acceptable)
21998 CARTAGENA DR
 City **BOCA RATON FL** Zip Code **33428**

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 **WENDY LEE BOMZE** **Wendy** **1/14/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOMZE, HOWARD J 5520 GODFREY ROAD CORAL SPRINGS FL 33067 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BOMZE, WENDY L 5520 GODFREY ROAD CORAL SPRINGS FL 33067 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIT WENDY LEE BOMZE 21998 CARTAGENA DR BOCA RATON, FL 33428 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Wendy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 **(561)**
 Date Daytime Phone # **218.5754**

CR2E034 (9/01)