

**\*FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**97 MAY 12 PM 12: 35**

**DOCUMENT # P95000006642 (9)**

1. Corporation Name

**UNIQUE COFFEE SHOP, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**490 EAST PALMETTO PARK ROAD STE. 110  
BOCA RATON FL 33432**

Mailing Address

**490 EAST PALMETTO PARK ROAD STE. 110  
BOCA RATON FL 33432-5065**

3. Date Incorporated or Qualified

**01/25/1995**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**65-0550106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MAX, DENNIS  
490 EAST PALMETTO PARK ROAD STE. 110  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP  
MAX, DENNIS**  
STREET ADDRESS **490 EAST PALMETTO PARK ROAD STE. 110**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME **D  
MAX, PATTI**  
STREET ADDRESS **490 EAST PALMETTO PARK ROAD STE. 110**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME **D  
RAPOPORT, BURT**  
STREET ADDRESS **490 EAST PALMETTO PARK ROAD STE. 110**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME **D  
CATALFUMO, DANIEL**  
STREET ADDRESS **1540 LATHAM RD.**  
CITY-ST-ZIP **W. PALM BCH. FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/19/97**

**561-392-0611**

CR2E034 (9/96)