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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000006642

. Corporation Name

UNIQUE COFFEE SHOP, INC.

| Principal Place of Business | | | | | |
|-----------------------------|----------|------|------|------|-----|
| 490 EAST | PALMETTO | PARK | ROAD | STE. | 110 |

Mailing Address

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

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90023 019 ***158.75



BOCA RATON FL 33432 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/25/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0550106 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible □ No Personal Property Tax. ☐ Yes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MAX, DENNIS 82 Street Address (P.O. Box Number is Not Acceptable) 490 EAST PALMETTO PARK ROAD STE. 110 **BOCA RATON FL 33432** 83 Zip Code 85 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 DP Addition ☐ DELETE ☐ Change TITLE MAX. DENNIS NAME 1.2 NAME 490 EAST PALMETTO PARK ROAD STE. 110 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] DELETE ☐ Change 2.1 TITLE TITLE

MAX, PATTI 2.2 NAME NAME 490 EAST PALMETTO PARK ROAD STE. 110 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 2.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE Change 3.1 TITLE TITLE RAPOPORT, BURT 32 NAME 490 EAST PALMETTO PARK ROAD STE. 110 STREET ADDRESS 3.3 STREET ADORESS **BOCA RATON FL 33432** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 4.1 TITLE CATALFUMO, DANIEL 4. 2 NAME NAME 1540 LATHAM RD. STREET ADDRESS 4.3 STREET ADDRESS W. PALM BCH. FL 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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 13 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

5613920411 Daytime Phone # CR2E034 (11/98)

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