

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006642

1. Entity Name

UNIQUE COFFEE SHOP, INC.

FILED

Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90087 037 ***158.75

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

2. Principal Place of Business

Suite, Apt. #, etc.

211

City & State

Boca Raton FL

Zip

33432

Country

US

3. Mailing Address

Suite, Apt. #, etc.

211

City & State

Boca Raton FL

Zip

33432

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0550106

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAX, DENNIS

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

Name

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

1515 So Federal Hwy Ste 211

City

Boca Raton

FL

Zip Code

33432

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MAX, DENNIS	
STREET ADDRESS	490 EAST PALMETTO PARK ROAD STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAX, PATTI	
STREET ADDRESS	490 EAST PALMETTO PARK ROAD STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAPOPORT, BURT	
STREET ADDRESS	490 EAST PALMETTO PARK ROAD STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATALFUMO, DANIEL	
STREET ADDRESS	1540 LATHAM RD.	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1515 S FEDERAL HWY Suite 211
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1515 S. FEDERAL HWY Suite 211
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1515 S FEDERAL HWY Suite 211
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)