

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90115 026 ***150.00

DOCUMENT # P95000017917

1. Entity Name
CRYSTAL'S COFFEE CORNER, INC.

Principal Place of Business
2500 N. MILITARY TRAIL
#115
BOCA RATON FL 33431-6305

Mailing Address
2500 N. MILITARY TRAIL
#115
BOCA RATON FL 33431-6305



2. Principal Place of Business

3. Mailing Address

9213 Heathridge Dr
Suite, Apt. #, etc.
6005 FOREST GROVE DRIVE #4
BOYNTON BEACH - FL 33437

West Palm Beach

DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0562252**

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

METZ, HELMAR E
2500 N. MILITARY TRAIL
#115
BOCA RATON FL 33431-6305

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **METZ, HELMAR E**
 CITY-ST-ZIP **9213 HEATHRIDGE DR. WEST PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
 NAME **NAME**
 STREET ADDRESS **6005 FOREST GROVE DRIVE #4**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **METZ, URSULA**
 CITY-ST-ZIP **9213 HEATHRIDGE DR. WEST PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
 NAME **NAME**
 STREET ADDRESS **6005 FOREST GROVE DRIVE #4**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

Daytime Phone #

CR2E034 (9/01)