

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000032167**

1. Entity Name

**REBECCA'S COFFEE, INC.****FILED****May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90995 022 \*\*\*150.00

**80094553**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2665 S. BAYSHORE DRIVE., SUITE 603 COCONUT GROVE FL 33133	Mailing Address 2665 S. BAYSHORE DRIVE., SUITE 603 COCONUT GROVE FL 33133-5401
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>5745 SW 54 Terr</b> Suite, Apt. #, etc.
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City & State <b>MIAMI FL</b>	4. FEI Number <b>65-0576103</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33155</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>GIBBS, W TUCKER</b> <b>2665 S. BAYSHORE DRIVE., SUITE 603</b> <b>COCONUT GROVE FL 33133</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3835 VIDUA CT</b> <b>MIAMI, FL</b> City <b>FL</b> Zip Code <b>33133</b>
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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 *W. Tucker Gibbs*  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D GIBBS, REBECCA M 5745 S.W. 54TH TERRACE MIAMI FL</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *W. Tucker Gibbs* **4/28/00** **305-669-9582**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #