

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90062 001 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000093365

1. Entity Name
COFFEE DELIGHT, INC.

Principal Place of Business

1109 OKEECHOBEE ROAD
W PALM BEACH FL 33401

Mailing Address

1109 OKEECHOBEE ROAD
W PALM BEACH FL 33401

2. Principal Place of Business

1109 Okeechobee Rd.

Suite, Apt. #, etc.

Suite #20

City & State
W. Palm Beach FL

Zip
33401

Country
U.S.

3. Mailing Address

1109 Okeechobee Rd.

Suite, Apt. #, etc.

Suite #20

City & State
W. Palm Beach FL

Zip
33401

Country
U.S.

4. FEI Number

65-0625699

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COUSO, ILEANA C

1109 OKEECHOBEE ROAD
W PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

David Diaz de la Rocha

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

1109 Okeechobee Rd.

Suite #20

City

West Palm Beach

FL

Zip Code

33401

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

David Diaz de la Rocha
 Signature, typed or printed name of registered agent and title if applicable.

David Diaz de la Rocha President

4-22-02

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

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	COUSO, ILEANA C
STREET ADDRESS	1109 OKEECHOBEE ROAD
CITY-ST-ZIP	W PALM BEACH FL 33401
TITLE	D <input type="checkbox"/> Delete
NAME	DIAZ DELA ROCHA, DAVID
STREET ADDRESS	1109 OKEECHOBEE ROAD
CITY-ST-ZIP	W PALM BEACH FL 33401
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/T/S/D
STREET ADDRESS	Diaz de la Rocha, David
CITY-ST-ZIP	1109 Okeechobee Rd #20
	W. Palm Beach FL 33401
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	
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:

David Diaz de la Rocha
 Signature and typed or printed name of signing officer or director

4-22-02
 Date

561-655-0045
 Daytime Phone #

CR2E034 (9/01)