2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90132 040 ***150.00

DOCUMENT # P96000089971

N/C 11/02/2000

1. Entity Name

TICO DELI COFFEE SHOP, INC. (TIC)

Principal Place of Business	Mailing Address
140 WEST FLAGLER STREET SUITE 104 MIAMI, FL 33130	9011 S.W. 122 AVENUE APT# 103 MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
140 WEST FLAGLER STREET		9011 S.W. 122 AVENUE	
Suite, Apt. #, etc.: SUITE 104		Suite, Apt. #, etc.: APT# 103	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33130	Country: USA	Zip: 33186	Country: USA

4. FEI Number: 65-0708905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLON, JUSTINO
0911 S.W. 122 AVENUE
APT#103
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name: COLON, JUSTINO
Street Address (P.O. Box Number is Not Acceptable): 9011 S.W. 122 AVENUE APT# 103
City: MIAMI FL Zip Code: 33186

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, 2001 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	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COLON, JUSTINO	NAME	
STREET ADDRESS	9011 S.W. 122 AVENUE APT#103	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: ______ JUSTINO COLON 4/27/01 305 358-5925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #