2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

FILED DOCUMENT # **P96000092276** Apr 19, 2000 8:00 am Secretary of State COFFEEGRAIN GROUP, INC. 04-19-2000 90027 003 ***150.00 Principal Place of Business Mailing Address 5643 NW 74TH AVE 5643 NW 74TH AVE MIAMI FL 33166-4213 MIAMI FL 33166-4213 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0709526 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALDERON, JUAN -5643 NW 74TH AVE MIAMI FL 33166 Zip Code **33166** 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 🔀 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, TITLE Addition **PSTD** ■ Delete TITLE Tasus M. Ospino 5643 NW 74 AVE NAME CALDERON, JUAN NAME STREET ADDRESS STREET ADDRESS 5643 NW 74TH AVE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33166 ☐ Change Addition TITLE ☐ Delete Tuon H. Colderon TITLE NAME NAME S643 NW 74th AVE HIAMI, FL 3316 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS 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 of 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.

with all other like empowered.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR