

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90206 041 ***150.00

DOCUMENT # P96000092276

1. Entity Name
COFFEEGRAIN GROUP, INC.



Principal Place of Business
**5701 MIAMI LAKES DRIVE EAST
MIAMI LAKES FL 33014
US**

Mailing Address
**5701 MIAMI LAKES DRIVE EAST
MIAMI LAKES FL 33014
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0709526**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GIVAQUETTA, NICOLAS
5701 MIAMI LAKES DRIVE EAST
MIAMI LAKES FL 33014**

Name **JUAN H. CALDERON**
Street Address (P.O. Box Number is Not Acceptable)
169 E. FLAGLER ST. STE 1534
City **MIAMI** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JUAN H. CALDERON - President** **Feb 03, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GUAQUETTA, NICOLAS	
STREET ADDRESS	5701 MIAMI LAKES DRIVE EAST	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VASQUEZ, HERNAN	
STREET ADDRESS	5701 MIAMI LAKES DRIVE EAST	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JUAN H. CALDERON	
STREET ADDRESS	1806 S.W. 99th Ave.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	V-PRESIDENT & TREASURER	<input type="checkbox"/> Delete
NAME	ALEJANDRO GOMEZ MORA	
STREET ADDRESS	23-69 Calle Miranda	
CITY-ST-ZIP	SEVILLA, Valle Colombia	
TITLE	V.P. & SECRETARY	<input type="checkbox"/> Delete
NAME	Carlos Daniel Gomez	
STREET ADDRESS	53-41 Calle Miranda	
CITY-ST-ZIP	SEVILLA, Valle Colombia	
TITLE		<input type="checkbox"/> Delete
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Feb 06, 2003 **(305) 960-1162**
Date Daytime Phone #

CR2E034 (10/02)