

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-19-2002 90156 001 ****61.25
09-30-2002 90180 017 ****97.50

DOCUMENT # P97000003821

1. Entity Name

The Coffee Bean Trading Co USA Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5701 Miami Lakes Dr

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami Lakes FL

City & State

Zip
33014

Country

Zip

Country

4. FEI Number

65-0717472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James Cartwright

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

5701 Miami Lakes Dr

City

Miami Lakes

FL

Zip Code

33014

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	Alberto Lensi	5701 Miami Lakes Dr	Miami Lakes, FL 33014
officer	Heidrun Eckes-Chantré	5701 Miami Lakes Dr	Miami Lakes, FL 33014

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.09.2002

Date

Daytime Phone