

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041619

1. Entity Name

B & W ESPRESSO PRODUCTS, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90038 025 \*\*\*150.00

Principal Place of Business Mailing Address  
6555 N POWERLINE RD #310 6555 N POWERLINE RD #310  
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309-2050

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Zip  
Country Country

6. Name and Address of Current Registered Agent  
CARRUS, BENJAMIN  
6555 N POWERLINE RD #310  
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City Zip Code

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]*  
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, 2000 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 PT  
NAME CARRUS, BENJAMIN  
STREET ADDRESS 6555 N POWERLINE RD #310  
CITY-ST-ZIP FT LAUDERDALE FL 33309  
TITLE VS  
NAME RISELEY, WARREN  
STREET ADDRESS 6555 N POWERLINE RD #310  
CITY-ST-ZIP FT LAUDERDALE FL 33309

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE 1419 S. POWERLINE RD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP POMPADON, FL 33069  
TITLE 1419 S. POWERLINE RD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP POMPADON, FL 33069

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0752265  
Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City Zip Code

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CR2E034 (9/99)