2000 UNIFORM BUSINESS REPORT (UBR)

6/28/00

DOCUMENT # P97000083936

06-09-2000 90215 014 ***150.00

1. Entity Name
The Coffee Box Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 28 AM 10:08

Principal Place of Business	Mailing Address
3370 Griffin Rd Dania FL 33314	3648 E Bell Drive Davie, FL 33314

80101571

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3370 Griffin Rd	3648 E Bell Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Dania, FL	
City & State	City & State
33314 Broward	Davie, FL
Zip / Country	Zip 33328 / Country Broward

4. FEI Number 65-0781936 ☐ Applied For ☐ Not Applicable

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
Elisa DiBenedetto	Name: Elisa Alberghina Street Address (P.O. Box Number is Not Acceptable): 3648 E. Bell Drive City: Davie FL Zip Code: 33328

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: _____ 5.12.00
Signature, type 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elisa DiBenedetto ☐ Delete 3990 S.W. 51st Fort Laud, FL 33312	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Elisa Alberghina 3648 E Bell DR. Davie, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6/28 ☐ Change ☐ Addition
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C52E034 (9/98)

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: _____ 5.12.00 954-658-4398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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