2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000052576** Jan 14, 2000 8:00 am 1. Entity Name **Secretary of State** WORLDWIDE COFFEE, INC. 01-14-2000 90001 013 ***158.75 Principal Place of Business Mailing Address 700 OLD DIXIE HWY 700 OLD DIXIE HWY #104 #104 LAKE PARK FL 33469-3137 LAKE PARK FL 33403 AUUUJZäö 2. Principal Place of Business 3. Mailing Address DRIVE 1515 CYPRESS DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Applied For 4. FEI Number City & State 65-0842968 TUPITER Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Ager JEFFREY SALLEY SALLEY, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) 150 STILL WATER CIR CREEK LANE LAKE PARK FL 33403 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 (NOTE: Registered Agent signature required when reinstating) itie if applicable Signature, typed or p. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE SALLEY JEFFEEY M 186 SIMS CREEK LANE SALLEY, JEFFREY M NAME 2373 SNUG HARBOR DRIVE STREET ADDRESS STREET ADDRESS JUPITEL FL 33458 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete SALLEY TELL! L. 186 SIMS CREEK LANE TITLE NAME SALLEY, TERRI L NAME 2373 SNUG HARBOR DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR