2002 Uniform Business Report (UBR)

SIGNATURE

Mar 27, 2002 8:00 am P98000058197 DOCUMENT # Secretary of State 1. Entity Name 03-27-2002 90034 038 ***150.00 COFFEE ELITE, INC. Principal Place of Business Mailing Address 2238 HAYES ST. 2238 HAYES ST. B0052013 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0845585 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DECARIA, LINDA Street Address (P.O. Box Number is Not Acceptable) 2238 HAYES ST. HOLLYWOOD FL 33020 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Change ☐ Addition CR2E034 (9/01 DECARIA, LINDA DECARIA NAME NAME 2238 HAYES STREET STREET ADDRESS 2238 HAYES ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 HOLLY WOOD, FL. 33020 CITY-ST-ZIP Delete TITLE Change Change ☐ Addition NAME DE CARIA, JOSEPH NAME STREET ADDRESS 2238 HAYES ST STREET ADDRESS 238 HAYES STREET CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-7IP TITLE ☐ Delete TITLE Addition ~ Change NAME NAME STREET ADDRESS 2238 HAYES STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLHWOOD, FLORIDA TITLE ☐ Defete TIFLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

<u>(954) 926-5744</u>

FILED