2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90306 050 ***150.00

DOCUMENT # P98000076160

1. Entity Name
BLUE MOUNTAIN COFFEE, INC.

AU07491

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1360 NE 23 COURT POMPANO BEACH FL 33064	1360 NE 23 COURT POMPANO BEACH FL 33064

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0860395 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUNN, CHRISTINE
1360 NE 23 COURT
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name: EDGAR R. MUNN
Street Address (P.O. Box Number is Not Acceptable): 1360 NE 23 COURT
City: POMPANO BEACH. FL Zip Code: 33064

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: Christine R. Munn PRES. EDGAR R. MUNN. MARCH 27th 2001.
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, 2001 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	D MUNN, CHRISTINE 1360 NE 23 COURT POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNN, EDGAR 1360 NE 23CT POMPANO BEACH FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES.	☒ Change ☐ Addition
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CR2E034 (10/00)

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: Edgar R. Munn MARCH 27th 2001. (954) 784-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #