

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90186 029 \*\*\*150.00

**DOCUMENT #** P98000086299

1. Entity Name

CYPRESS COFFEE SHOP, INC.

A0068172

DO NOT WRITE IN THIS SPACE

Principal Place of Business

8400 NW 21st St.

Sunrise, Fl 33322

Mailing Address

8400 NW 21st St.

Sunrise, Fl 33322

2. Principal Place of Business

600 N. Congress Ave.

Suite, Apt. #, etc.

#230

City & State

Delray Beach, Fl

Zip

33445

Country

US

3. Mailing Address

Rex Accounting Services

Suite, Apt. #, etc.

3452 W. Boynton Bch. Blvd #10

City & State

Boynton Beach, Fl

Zip

33436

Country

US

4. FEI Number

65-0902787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Joaquin Felipe

8400 NW 21st St.

Sunrise, Fl 33322

7. Name and Address of New Registered Agent

Name

Joaquin Felipe

Street Address (P.O. Box Number is Not Acceptable)

600 N. Congress Ave. #230

City

Delray Beach

FL

Zip Code

33445

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, 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

TITLE PSTD ☐ Delete  
NAME Joaquin Felipe  
STREET ADDRESS 8400 NW 21st St.  
CITY-ST-ZIP Sunrise, Fl 33322

TITLE VTD ☐ Delete  
NAME Viorica Felipe  
STREET ADDRESS 8400 NW 21st St.  
CITY-ST-ZIP Sunrise, FL 33322

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Joaquin Felipe  
STREET ADDRESS 600 N. Congress Ave. #230  
CITY-ST-ZIP Delray Beach, Fl 33445

TITLE STD ☒ Change ☐ Addition  
NAME Viorica Felipe  
STREET ADDRESS 600 N. Congress Ave. #230  
CITY-ST-ZIP Delray Beach, Fl 33445

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)