

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098997

1. Entity Name

COFFEE WORLD USA, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91325 007 ***150.00

Principal Place of Business

Mailing Address

3708 LASSON COURT
ORLANDO FL 32835
US

3708 LASSON COURTS
ORLANDO FL 32835
US

122494

2. Principal Place of Business

3. Mailing Address

5259 International DR.
Suite, Apt. #, etc.
F2

5259 International DR.
Suite, Apt. #, etc.
F2



DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL.

City & State
Orlando, FL.

4. FEI Number 59-3543881

Applied For
Not Applicable

Zip 32819 Country USA

Zip 32819 Country USA

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

DIMOV, EVAN
3708 LASSON COURT
ORLANDO FL 32835

Name EVAN DIMOV
Street Address (P.O. Box Number is Not Acceptable)
5259 International Drive
Ste F2
City Orlando FL Zip Code 32819

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 (if applicable, (NOT: 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	Change	Addition
PSTD	DIMOV, EVANDRO	3708 LESSON COURT	ORLANDO FL 32835	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)