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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 DEC 20 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004037

1. Entity Name.
HOUSE OF CAPPUCCINO, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04

2. Principal Place of Business	3. Mailing Address	4. FEI Number
13860-39 WELLINGTON FL		65-0886543
Suite, Apt. #, etc. # 39	Suite, Apt. #, etc.	Applied For / Not Applicable
City & State WELLINGTON, FL	City & State	
Zip 33414 Country USA	Zip Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name ALAMI, YOUSSEF A

Street Address (P.O. Box Number is Not Acceptable) 2198 COUNTRY GOLF DRIVE

City WELLINGTON FL Zip Code 33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ALAMI, YOUSSEF A
STREET ADDRESS	2198 COUNTRY GOLF DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	PALLARES, VICTORIA
STREET ADDRESS	1115 GRAND KEY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

800004290798
11/19/04 01043-016 **150.00

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Youssef A. Alami 11/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM THE DESK OF

RICHARD SCHWARTZ, C.P.A.

CLIENT_____ **DATE**_____

SUBJECT_____

Per our phone conversation, enclosed is another annual Report.

Please note that we never received the postcard & then we mailed in another form ~~Dec~~ 3 months ago that you never received.