

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000034105

1. Entity Name

JAVA JOES ENTERPRISES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

04-10-2000 90007 031 ***150.00

Principal Place of Business
7000 WEST PALMETTO PARK ROAD SUITE 400
BOCA RATON FL 33433

Mailing Address
7000 WEST PALMETTO PARK ROAD SUITE 400
BOCA RATON FL 33433-3425

2. Principal Place of Business
11682 U.S. HWY 1
Suite, Apt. #, etc.

3. Mailing Address
7000 W. PALMETTO PARK RD
Suite, Apt. #, etc.

City & State
N. PALM BEACH, FL

City & State
BOCA RATON, FL

Zip
33408

Country
U.S.A.

Zip
33433

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0912647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GARELLEK, STEVEN
7000 WEST PALMETTO PARK ROAD SUITE 400
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
Name
STEVEN GARELLEK
Street Address (P.O. Box Number is Not Acceptable)
7000 W. PALMETTO PARK RD SUITE 200
City
BOCA RATON FL Zip Code
33433

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 _____ (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, 2000 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 PSTD | COSTA MIRIAKOPOULOS | TITLE | |
| NAME | 11682 U.S. HWY 1 | NAME | |
| STREET ADDRESS | N. PALM BEACH | STREET ADDRESS | |
| CITY-ST-ZIP | FLORIDA 33408 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(l), 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: Steven Garelek APRIL 3/2000 561-622-5921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)