2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment y

SIGNATURE:

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000046420** Jan 20, 2000 8:00 am 1. Entity Name CHRIS'S GOURMET COFFEES, INC. **Secretary of State** 01-20-2000 90154 025 ***150.00 Mailing Address Principal Place of Business 3111 CHAPIN AVENUE 3111 CHAPIN AVENUE TAMPA FL 33611-2701 **TAMPA FL 33611** Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Same Applied For City & State 4. FEI Number & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required H :11560000 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. (c)(b) PTD TITLE Change Addition ☐ Delete TITLE KIM, CHRIS NAME NAME 3111 CHAPIN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33611** ☐ Change ☐ Addition ☐ Delete TITLE KIM, JENNIFER NAME STREET ADDRESS STREET ADDRESS 3111 CHAPIN AVENUE CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33611** - - - Change Addition TITLE ☐ Delete KIM, SEHWAN NAME NAME STREET ADDRESS 3111 CHAPIN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP **TAMPA FL 33611** ☐ Change ☐ Addition ☐ Delete TITLE TITLE KIM. JOHNATHAN NAME NAME 3111 CHAPIN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33611** ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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)(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