

**2001 UNIFORM BUSINESS REPORT (UBR)**

000441

DOCUMENT # P99000099467  
 1. Entity Name  
 CUP OF JAVA, INC.

**P 99000099467**

**FILED**

MAY -1 PM 1:34

Principal Place of Business  
 7904 WEST DRIVE  
 STORES 5 AND 6  
 NORTH BAY VILLAGE FL 33141

Mailing Address  
 7904 WEST DRIVE  
 STORES 5 AND 6  
 NORTH BAY VILLAGE FL 33141

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 7904 WEST DRIVE  
 Suite, Apt. #, etc.  
 STORES 5 & 6

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 NORTH BAY VILLAGE FL 33141  
 Zip 33141 Country DADE USA

City & State  
 FL 33141  
 Zip Country

4. FEI Number 65-0965653 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 HAYAT, ALBERT  
 7904 WEST DRIVE  
 STORES 5 AND 6  
 NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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]* OWNER. 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 NAME STREET ADDRESS CITY-ST-ZIP	ST HAYAT, ALBERT 7904 WEST DRIVE 5&6 NORTH BAY VILLAGE FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSES, FRANK 8151 SW 93RD COURT MIAMI FL 33173 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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]* ALBERT HAYAT Date: 4/19/2001 Daytime Phone #: 321 2516340

CR2E034 (10/00)