## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V18996** Jul 20, 2000 8:00 am Secretary of State 1. Entity Name AVAJ COFFEE, INC. 07-20-2000 90021 040 \*\*\*150.00 Principal Place of Business Mailing Address 5055 NW 85TH RD 5055 NW 85TH RD CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 3. Mailing Address 5055 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0322616 SPrings Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHMERTZLER, MARK 5111 N.W. 87TH AVENUE LAUDERHILL FL 33352 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. printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition ☐ Delete TITLE NAME SCHMERTZLER, MARK NAME STREET ADDRESS STREET ADDRESS 5111 NW 87TH AVE. CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL TITLE Change Change ☐ Addition TITLE □ Delete NAME 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 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

HHachment Off Y18996 DW13011

July 12 RECIEVED MY notice Gary who answered ne phone stated 1st report never recieve th hank you MARK Schmertzler f you have any questions lease contact us at 954-340-9371