

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90058 044 \*\*\*150.00

**DOCUMENT # V59545**

**1. Entity Name**  
**NEGUSTI COFFEE, INC.**

**Principal Place of Business**  
**2309 PONCE DELEON BLVD.**  
**CORAL GABLES FL 33134**  
**US**

**Mailing Address**  
**2309 PONCE DELEON BLVD.**  
**CORAL GABLES FL 33134**  
**US**

**2. Principal Place of Business**  
**Suite, Apt. #, etc.**  
**City & State**  
**Zip**

**3. Mailing Address**  
**Suite, Apt. #, etc.**  
**City & State**  
**Zip**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0414039** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**HERNANDEZ, MANUEL**  
**343 CENTER ISLAND DR**  
**GOLDEN BEACH FL 33160**

**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, typed or printed name of registered agent and title if applicable.** **(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, 2002 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MANUEL		NAME		
STREET ADDRESS	343 CENTER ISLAND DR.		STREET ADDRESS		
CITY-ST-ZIP	GOLDEN BEACH FL 33160		CITY-ST-ZIP		
TITLE	VTSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, BONNIE		NAME		
STREET ADDRESS	343 CENTER ISLAND DR.		STREET ADDRESS		
CITY-ST-ZIP	GOLDEN BEACH FL 33160		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MANUEL SR.		NAME		
STREET ADDRESS	343 CENTER ISLAND DR.		STREET ADDRESS		
CITY-ST-ZIP	GOLDEN BEACH FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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.**

**SIGNATURE:** **Bonnie Kelly** **2/10/2002** **305-931-6487**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **UP** **Date** **Daytime Phone #**

CP2E034 (9/01)