## **2000 UNIFORM BUSINESS REPORT (UBR)**

## OCUMENT # G83174

Entity Name

PERRINE VENDING, INC.

FILED Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90060 034 \*\*\*150.00

Flace of Business Mailing Address % RICHARD F. BREDER, JR. F. BREDER, JR.  $\cup$   $\pm$   $\sim$   $\cup$   $\pm$   $\circ$ S.W. 69TH AVE. 7850 S.W. 69TH AVE. MIAMI FL 33143-4436 FL 33143 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2377695 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BREDER, RICHARD F., JR. Street Address (P.O. Box Number is Not Acceptable) 7850 S.W. 69TH AVE. **MIAMI FL 33143** Zip Code FL 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. .NATUITE , 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 This corporation is eligible to satisfy its Intarigible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. ☐ Addition CR2E034 (9/99) **PST** TITLE Change ☐ Delete BREDER, RICHARD F., JR. NAME STREET ADDRESS -----7850 S.W. 69TH AVE. CITY-ST-ZIP ST ZIP MIAMI FL ☐ Addition ☐ Change Delete TITLE BREDER, RICHARD F., JR. NAME 7850 S.W. 69TH AVE. STREET ADDRESS CITY-ST-ZIP ST ZIP MIAMI FL ☐ Addition Delete TITLE ☐ Change NAME STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Delete TITLE Change · : Addition STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS VDD0E86 CITY-ST-ZIP ST-715 ☐ Change ☐ Addition ☐ Delete TITLE NAME

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 a loner like empowered.

STREET ADDRESS CITY-ST-ZIP

GNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #