2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K88105** Feb 08, 2000 8:00 am 1. Entity Name **Secretary of State** DIRECT DISPENSING, INC. 02-08-2000 90168 017 ***158.75 Principal Place of Business Mailing Address 3123A NW 73 ST 3123A NW 73 ST MIAMI FL 33147 MIAMI FL 33147-5947 US US OAA 1009 A 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0131846 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KLEIN, BRENT D Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL AVENUE, SUITE 1901 MIAMI FL 33131 Zip Code FL 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 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. 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ARMENGOL, MIGUEL GARCIA NAME NAME STREET ADDRESS STREET ADDRESS 3123 NW 73 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition TITLE SVP ☐ Delete ☐ Change NAME LORIE, FELIPE STREET ADDRESS STREET ADDRESS 3123 NW 73 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition-≕ 🔲 Detete : 🍛 TITLE ----TITLE NAME NAME COLLAZO, MARIA STREET ADDRESS STREET ADDRESS 3123 NW 73 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 truebe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ddress, with all other like empowered.

SIGNATURE: