

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90058 050 ***150.00

DOCUMENT # P94000000403

1. Entity Name

CELLARS VENDING MACHINES CORP.

Principal Place of Business

Mailing Address

1575 AVIATION PARKWAY
 SUITE 505
 DAYTONA BEACH FL 32114

1575 AVIATION PARKWAY
 SUITE 505
 DAYTONA BEACH FL 32114

832751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

421

Suite, Apt. #, etc.

421

City & State

City & State

4. FEI Number

59-3217748

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRIOS, MANUEL G
1575 AVIATION CENTER PARKWAY
SUITE 505
DAYTONA BEACH FL 32114

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BARRIOS, MANUEL A	
STREET ADDRESS	268 BRAEBURN CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BARRIOS, MANUEL G	
STREET ADDRESS	114 FIESTA CIR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARRIOS, LINDA M	
STREET ADDRESS	114 FIESTA CIR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL A. BARRIOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00
Date

904-238-...
Daytime Phone #