

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005392

1. Entity Name

SOUTH FLORIDA VENDING, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90025 005 ***150.00

Principal Place of Business 1232 17TH STREET, N.W. WASHINGTON DC 20036 369/ NW 15th St Lauderhill FL 33311	Mailing Address 1232 17TH STREET, N.W. WASHINGTON DC 20036-3003 369/ NW 15th St Lauderhill FL 33311
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2. Principal Place of Business 369/ NW 15th St Suite, Apt. #, etc.	3. Mailing Address 369/ NW 15th St Suite, Apt. #, etc.
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City & State Lauderhill Florida	City & State Lauderhill Florida
Zip 33311	Country Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1949822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHN, ALAN B ESQ. C/O ABRAMS ANTON P.A. 2021 TYLER STREET HOLLYWOOD FL 33020	
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] DATE 1-12-99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAIKIN, STEPHEN 1232 17TH STREET, N.W. WASHINGTON DC 20036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLORIN, NEIL 1232 17TH STREET, N.W. WASHINGTON DC 20036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] Neil Florin 1/12/99 9547426100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)