

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90342 018 ***150.00

DOCUMENT # G62333

1. Entity Name
J.M.H. VENDING, INC.

Principal Place of Business

% JAMES R. COLLINS
 7935 SW 155 ST.
 MIAMI FL 33157

Mailing Address

% JAMES R. COLLINS
 7935 SW 155 ST.
 MIAMI FL 33157



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number **59-2268693**

Applied For
 Not Applicable

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

COLLINS, JAMES R.
 7935 SW 155 ST.
 MIAMI FL 33157

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP COLLINS, JAMES 7935 SW 155TH ST MIAMI, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, HILDA M. 7935 SW 155TH ST MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. COLLINS **JAMES R. COLLINS** 7-502

Date

Daytime Phone #

305
 252-6639

CR2E034 (4/02)

Attachment # C62333

JMH VENDING INC

120017

July 5, 2002

Florida Department of State
Division of Corporation
Attn.: Katherine Harris
Secretary of State
Po Box 1500
Tallahassee, Fl 32302-1500

Re: 2002.UBR Report

Dear Ms. Harris:

I am not sure if I did receive the UBR 2002, due in May. Also, I would like to explain that because of health reasons beyond my control I did not pay my filing fee of \$150.00 due by May 1st, 2002. I had a bad episode with my back at the end of March that resulted with hospitalizations during the month of April. Due to these extenuating circumstances, I would be grateful if you would consider allowing me to file without any penalty.

I thank you for your consideration in this matter.

Sincerely,



Hilda Collins