

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04697

1. Entity Name
VENDORPLUS, INCORPORATED

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90009 034 ***150.00

Principal Place of Business
**250 CATALONIA AVENUE
SUITE 403
CORAL GABLES FL 33134
US**

Mailing Address
**850 ANASTIA AVENUE
CORAL GABLES FL 33134
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0046196**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERWIN, JEAN S.
INGRAHAM BUILDING, STE. 623
25 SOUTHEAST SECOND AVE.
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 1144
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 **Suite # change only. James E. Brock, Secretary 1-11-01**
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, 2001 Fee will be \$550.00
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

TITLE **PD**
NAME **BROCK, CAROL S.**
STREET ADDRESS **850 ANASTASIA AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

☐ Delete

TITLE **DST**
NAME **BROCK, JAMES E.**
STREET ADDRESS **850 ANASTASIA AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: **James E. Brock, Secy. 1-11-01 305-441,8100**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)