FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90063 029 ***158.75

DOCUMENT # K04697

1. Entity Name
VENDORPLUS, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
250 CATALONIA AVE.	850 ANASTASIA AVE,
Suite, Apt. #, etc.: SUITE 403	Suite, Apt. #, etc.:
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PERWIN, JEAN S.

Street Address (P.O. Box Number is Not Acceptable):
INGRAHAM BUILDING, SUITE 1144
25 SOUTHEAST SECOND AVE.

City: MIAMI FL Zip Code: 33131

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: new suite number (only) Jean S Perwin Jean S. Perwin, Esq. 4.26.02
Signature, type 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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $500.00
Amended UBR is $61.25
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	P/D
NAME	BROCK, CAROL S,
STREET ADDRESS	850 ANASTASIA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D/S/T/C
NAME	BROCK, JAMES E,
STREET ADDRESS	850 ANASTASIA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: James E Brock JAMES E, BROCK, Secretary 4.26.02 305.441.8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #