

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91843 002 ***158.75

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DOCUMENT # K04697

1. Entity Name
VENDORPLUS, INCORPORATED



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

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



2. Principal Place of Business

850 ANASTASIA AVE

Suite, Apt. #, etc.

3. Mailing Address

850 ANASTASIA AVE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

CORAL GABLES FL

City & State

850 ANASTASIA AVE

4. FEI Number

65-0046196

Applied For

Not Applicable

Zip

33134

Country

US

Zip

Country

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)

INGRAHAM BUILDING, STE 114-1

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 *new suite number only* **JEAN S PERWIN, ESQ** 4/17/03
Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES E BROCK, SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/03 305 441 8100

CR2E034 (10/02)