

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90025 030 \*\*\*\*50.00

**DOCUMENT # L00000013702****1. Entity Name**  
**HOWARD VENDING, L.L.C.****Principal Place of Business****5293 N.W. 161ST STREET**  
**HIALEAH FL 33014****Mailing Address****5293 N.W. 161ST STREET**  
**HIALEAH FL 33014****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number 65-1053168**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$5.00 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HOWARD, REBECCA J**  
**5293 N.W. 161ST STREET**  
**HIALEAH FL 33014**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002****9. MANAGING MEMBERS / MANAGERS****10. ADDITIONS / CHANGES****P** ☐ Delete  
**TITLE**  
**NAME** **HOWARD, REBECCA J**  
**STREET ADDRESS** **5293 N.W. 161ST STREET**  
**CITY-ST-ZIP** **HIALEAH FL 33014**☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****C** ☐ Delete  
**TITLE**  
**NAME** **HOWARD, DONALD S**  
**STREET ADDRESS** **3 HOOK HARBOR ROAD**  
**CITY-ST-ZIP** **ATLANTIC HIGHLANDS NJ 07716**☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****VP** ☐ Delete  
**TITLE**  
**NAME** **HOWARD, PHYLLIS H**  
**STREET ADDRESS** **3 HOOK HARBOR ROAD**  
**CITY-ST-ZIP** **ATLANTIC HIGHLANDS NJ 07716**☐ Change ☐ Addition  
**TITLE**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.****SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/20/02

305-474-7400

CR2E083 (9/01)