

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M00000000713

FILED  
Jan 20, 2002 8:00 AM  
Secretary of State

**Entity Name:** VENDING CORPORATION OF AMERICA, LLC

**Current Principal Place of Business:**

3945 HOLCOMB BRIDGE ROAD, SUITE 100  
NORCROSS, GA 30092

**New Principal Place of Business:**

**Current Mailing Address:**

3945 HOLCOMB BRIDGE ROAD, SUITE 100  
NORCROSS, GA 30092

**New Mailing Address:**

**FEI Number:** 36-4298014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINS, GINA  
443 ESPANOLA WAY, SUITE 305  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** VAN DE GRIFT, GARRETT  
**Address:** 3945 HOLCOMB BRIDGE ROAD, SUITE 100  
**City-St-Zip:** NORCROSS, GA 30092

**Title:** MGRM ( ) Delete  
**Name:** ROBINS, GINA  
**Address:** 3945 HOLCOMB BRIDGE ROAD, SUITE 100  
**City-St-Zip:** NORCROSS, GA 30092

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** MS. GINA ROBINS

**MEMB**

**01/20/2002**

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date