

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000344

1. Entity Name

FIRST VENDING, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:08

Principal Place of Business

3941 TELEGRAPH ROAD, SUITE 120
BLOOMFIELD HILLS MI 48302-1475

Mailing Address

3941 TELEGRAPH ROAD, SUITE 120
BLOOMFIELD HILLS MI 48302-1475



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3294174

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

CT CORPORATION SYSTEMSS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM RUBIN, HOWARD
STREET ADDRESS 3941 TELEGRAPH RD., SUITE 120
CITY-ST-ZIP BLOOMFIELD HILLS MI 48302-1475

TITLE NAME ☐ Change ☐ Addition
700003161397-2
STREET ADDRESS -03/07/00--01103--006
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
MGRM RUBIN, CRAIG
STREET ADDRESS 3941 TELEGRAPH RD., SUITE 120
CITY-ST-ZIP BLOOMFIELD HILLS MI 48302-1475

TITLE NAME ☐ Change ☐ Addition
my 3/2/00

TITLE NAME ☐ Delete
MGRM CAVALLI, SUSAN
STREET ADDRESS 3941 TELEGRAPH RD., SUITE 120
CITY-ST-ZIP BLOOMFIELD HILLS MI 48302-1475

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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 OR MANAGER

Date

Daytime Phone #

1/11/00

248/816-9860

CR2E083 (9/99)