


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 30 AM 8:00

DOCUMENT # P00000002662	
1. Entity Name ALL TRADE VENDING CORPORATION	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1541 BRICKELL AVENUE Suite, Apt. #, etc. APT. # 2102 City & State MIAMI, FL. Zip 33129-1224 Country USA	3. Mailing Address 1541 BRICKELL AVENUE Suite, Apt. #, etc. APT. # 202 City & State MIAMI, FL. Zip 33129-1224 Country USA
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700022066167  
03/05/03--01008--029 \*\*450.00

UBR DO NOT WRITE IN THIS SPACE  
2001, 2002 + 2003  
4. FEI Number 65-0971384  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name MAURICIO BEHAR	
	Street Address (P.O. Box Number is Not Acceptable) 1541 BRICKELL AVENUE	
	City MIAMI, FL.	FL Zip Code 33129-1224

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 *Mauricio Behar* (NOTE: Registered Agent signature required when reinstating) DATE 07/20/03

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	P/ MAURICIO BEHAR 1541 BRICKELL AVENUE MIAMI, FL. 33129-1224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mauricio Behar* DATE 07/20/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)