

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90173 047 \*\*\*150.00

**DOCUMENT # P00000003204**

1. Entity Name

*Allserve Vending Inc.*

Principal Place of Business

Mailing Address

*1128 Royal Palm Beach Blvd  
PMB 353  
Royal Palm Beach, FL 33411*

2. Principal Place of Business

3. Mailing Address

*1128 Royal Palm Beach Blvd.  
Suite, Apt. #, etc.  
PMB 353*

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

*Royal Palm Beach, FL*

*33411*

*USA*

4. FEI Number

*65-1065747*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Seth Weinstein, Esq.  
Suite 104  
11440 Okeechobee Blvd.  
Royal Palm Beach, FL 33411*

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *pres. sec. treas.* ☐ Delete  
NAME *Raine Hart*  
STREET ADDRESS *210 Ponce De Leon St.*  
CITY-ST-ZIP *Royal Palm Beach, FL 33411*

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

TITLE *v. pres.* ☐ Delete  
NAME *Michael Hart*  
STREET ADDRESS *210 Ponce De Leon St.*  
CITY-ST-ZIP *Royal Palm Beach, FL 33411*

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

TITLE ☐ Delete  
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STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Raine Hart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/01*

Date

*561-662-3027*

Daytime Phone #

CR2E034 (11/00)