

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90994 037 \*\*\*150.00

**DOCUMENT # P00000008396**

1. Entity Name

L & L VENDING, INC.



Principal Place of Business  
13833 - E 4 WELLINGTON TRACE  
SUITE 44  
WELLINGTON FL 33414

Mailing Address  
13833 - E 4 WELLINGTON TRACE  
SUITE 44  
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0975265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

KLEIN, LEWIS  
2980 WAREHAM CT.  
WELLINGTON FL 33414

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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	D	<input type="checkbox"/> Delete
NAME	KLEIN, LEWIS	
STREET ADDRESS	2980 WAREHAM CT.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, LAURA	
STREET ADDRESS	2980 WAREHAM CT.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAZZA, SCOTT	
STREET ADDRESS	1735 STAMFORD CT.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAZZA, LINDA	
STREET ADDRESS	1735 STAMFORD CT.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klein, Lewis	
STREET ADDRESS	4418 MARINERS COVE DR.	
CITY-ST-ZIP	WELLINGTON FL 33467	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klein, LAURA	
STREET ADDRESS	4418 MARINERS COVE DR.	
CITY-ST-ZIP	WELLINGTON FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

(561)793-2126

Date

Daytime Phone #

CR2E034 (10/02)