

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P000000 78872

1. Entity Name

INTERNATIONAL VENDING GROUP, INC

FILED

02 AUG 22 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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DO *****70.00 *****70.00

2. Principal Place of Business
6704 N.W. 82nd AVENUE

3. Mailing Address
6704 N.W. 82nd. AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
651033876

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ANN FISHER

Street Address (P.O. Box Number is Not Acceptable)

1514 ZULETA AVENUE

City
CORAL GABLES

FL

Zip Code
33146

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

Donna Betancourt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08-20-02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
MICHEL DELCOURT
2000 TOWERSIDE TER. SUITE 1911
MIAMI, FLORIDA 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S/D/
MONICA BETANCOURT
6700 NW 82nd. AVENUE
MIAMI, FLORIDA 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
JUAN CARLOS SALMON
6700 NW 82nd AVENUE
MIAMI, FLORIDA 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DO ?
ESMERALDA HERNANDEZ
2000 TOWERSIDE TER, SUITE 1911
MIAMI, FLORIDA 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Betancourt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-20-02

DATE

(305) 468-9260

DAYTIME PHONE #

7/5 8/22/02