

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90633 047 ***150.00

DOCUMENT # P000000085189
 1. Entity Name *R & R KING VENDING, INC.* ✓

Principal Place of Business Mailing Address
1590 NE 162 Street
Suite 200
NORTH MIAMI BEACH FL 33162

C0069403

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 *65-1043230* Applied For Not-Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBINSON, PAUL J.
1590 NE 162 Street
Suite 200
N. MIAMI BEACH FL 33162

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.
 SIGNATURE _____ (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. ☐ **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

TITLE <i>DIR</i>	NAME <i>RIFKIND, Kenneth</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>1590 NE 162 St #200</i>		
CITY-ST-ZIP <i>N MIAMI Bch FL 33162</i>		
TITLE <i>DIR</i>	NAME <i>ROBINSON, Michelle</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>1590 NE 162 St #200</i>		
CITY-ST-ZIP <i>N. MIAMI Bch FL 33162</i>		
TITLE <i>D/V.P.</i>	NAME <i>ROBINSON, PAUL</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>1590 NE 162 St #200</i>		
CITY-ST-ZIP <i>N. MIAMI Bch FL 33162</i>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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: *PAUL ROBINSON* *4/24/01* *305 949 5880*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)