一意FCR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P00000096952

1. Entity Name

JFC FAMILY VENDING, INC.



FILED

03 APR 24 AM II: 20

DO NOT WRITE IN THIS SPACE				GECRETARY OF STATE TALLAHASSEE, FLORIDA		
•	ace of Business NES BLVD.	3. Mailing Addre 18459 PINE Suite, Apt. #, e	S BLVD.	010000000000000000000000000000000000000		
#110	r, etc.	#110	ic.	O (Doors Will Explosing)		
City & State PEMBRO	; KE PINES, FL	City & State PEMBROKE	PINES, FL	4. FEI Number 65-1048290 Applied For Not Applicable		
Zip 33029	Country	Zip 33029	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
			Name	7. Name and Address of Current Registered Agent Name ULANUS CANTANIO		
	DO NOT	WRITE	JUAN	Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE 18459 DIN				s (P.O. Box Number is Not Acceptable)		
	CITI VII	SPACE	18459 PINE	18459 PINES BLVD. #110		
			City PEMBR	City PEMBROKE PINES FL 33029		
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	Quan + Cot	M) i agent and title if applicable.	(NOTE. Registered Agent signature require	d when reinstating) DATE		
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				S. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS	AND DIRECTORS				
title Name Street address City-St-Zip	(P/D) JUAN F. CANTA 18459 PINES BLVD. # PEMBROKE PINES, F	110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800018668565 05/09/0301020017 **4	; 50.00	
ITILE NAME STREET ADDRIESS CITY-SI-ZIP (S/D) NELLY J. CANTANO 18459 PINES BLVD. #110 PEMBROKE PINES, FL 33029			TITLE NAME STRETT ADDRESS CITY-ST-2P			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME (V/D) NORA J. LEBLANC 18459 PINES BLVD. #110 PEADDOLE PINES EL 22020			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE		
TITLE NAME			TITLE NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	$\sim M \sim C$		

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Date

Daytime Phone #

200

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2001 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED. I DID SEE THAT IN THE COMPUTER MY ADDRESS I LISTED INCORRECTLY.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,

PRESIDENT