

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90002 011 ***158.75

0072145 AV

DOCUMENT # P00000104892

1. Entity Name
A & N VENDING, INC.

Principal Place of Business
**1621 WOODBRIDGE LAKES CT.
W. PALM BEACH FL 33406**

Mailing Address
**1621 WOODBRIDGE LAKES CT.
W. PALM BEACH FL 33406**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **05-1057681** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent
Name **Ana Maria Fernandez**
Street Address (P.O. Box Number is Not Acceptable)
1623 Woodbridge Lakes Circle
City **West Palm Beach** FL Zip Code **33406**

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 *Ana M. Fernandez* **7-6-01**
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D SCUTARI, PABLO 1621 WOODBRIDGE LAKES CT. W. PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Pablo Scutari* **REQUIRED** **7-6-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

From the Desk
of
Pablo A. Scutari, A & N Vending

Attachment
A07441

700000104892

July 6, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: A&N Vending

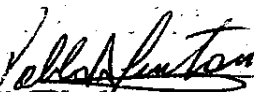
Dear Sir/Madame:

Enclosed herein please find a Uniform Business Report form for the above referenced corporation and a check in the amount of \$158.75 from my company operating account, which represents the renewal fee and verification. Also, I have appointed a new registered agent. Please update our records to reflect the same.

Pursuant to confirmation with your department, I am requesting that the late fee be waived as the annual report renewal notice was not received. Once the corporation is renewed please forward verification of such reinstatement.

Thank you for your immediate attention to this matter, it is greatly appreciated.

Respectfully,


Pablo A. Scutari

/amf
Enclosures

1621 Woodbridge Lakes Circle
West Palm Beach, FL 33406
(561)642-7279
e-mail: anvending@msn.com