

# 2001 UNIFORM BUSINESS REPORT (UBR)

01-24-2002 90321 001 \*\*\*150.00

01-24-2002 90321 002 \*\*\*750.00

P00000110198

**DOCUMENT # P00000110198**

1. Entity Name  
**SERVICE ONE VENDING, INC.**

FILED  
CLERK OF THE  
TREASURY OF STATE  
DIVISION OF CORPORATION

02 JAN 31 AM 10:11

Principal Place of Business <b>6854 W. FLAGLER ST. MIAMI FL 33144</b>	Mailing Address <b>6854 W. FLAGLER ST. MIAMI FL 33144</b>
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**REINSTATEMENT** DO NOT WRITE IN THIS SPACE 01-02

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-1064240</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**IRIBARREN, JOSE F**  
**6854 W. FLAGLER ST.**  
**MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **RICARDO VAZQUEZ**  
Street Address (P.O. Box Number Not Acceptable) **6854 W FLAGLER ST**  
City **MIAMI** FL Zip Code **33144**

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 DATE **1-8-02**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		
TITLE <b>PD</b>	NAME <b>IRIBARREN, JOSE F</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>3354 NORTH NORMANDY AVE.</b>	CITY-ST-ZIP <b>CHICAGO IL 60634</b>	
TITLE <b>SD</b>	NAME <b>VAZQUEZ, RICARDO</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>13354 NW 9TH LANE</b>	CITY-ST-ZIP <b>MIAMI FL 33182</b>	
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 <b>PD</b>	NAME <b>IRIBARREN, JOSE F</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>13354 NW 9 LANE</b>	CITY-ST-ZIP <b>MIAMI FL 33182</b>	
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	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 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: SIGNATURE REQUIRED

Date **12-3-01** (305) Daytime Phone # **2661413**

CFR2E034 (5/01)