

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90115 009 ***150.00

DOCUMENT # P01000057974

1. Entity Name

HIGH & LOFTY ONE VENDING MACHINE, INC.

Principal Place of Business

**4127 NW 78 LANE
 CORAL SPRINGS FL 33065**

Mailing Address

**4127 NW 78 LANE
 CORAL SPRINGS FL 33065**

24072336



2. Principal Place of Business

Bi-Link of Florida

Suite, Apt. #, etc.

6600 NW 12 Avenue

3. Mailing Address

4127 NW 78 Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL 33309

City & State

Coral Springs, FL XXX

4. FEI Number

65-1111202

Applied For

Not Applicable

Zip

Country

Zip

Country

XXX 33065

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CEBALLAS, GARARDO A SR

4127 NW 78 LANE

CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Ceballos, Gerardo A. Sr.

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

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 \$150.00

After May 1, 2002 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 **D** ☐ Delete
 NAME **CEBALLOS, GERARDO A SR**
 STREET ADDRESS **4127 NW 78 LANE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Daytime Phone #

CR2E034 (9/01)