


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

5/1/

05-01-2003 90196 040 \*\*\*150.00

<b>DOCUMENT #</b> P01000057974	
<b>1. Entry Name</b> HIGH & LOFTY ONE VENDING MACHINE, INC.	

<b>Principal Place of Business</b> 1441 W NEWPORT CIRCLE DEERFIELD BEACH FL 33442	<b>Mailing Address</b> 4127 NW 78 LANE CORAL SPRINGS FL 33065
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-1111202	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CEBALLOS, GERARDO A SR 4127 NW 78 LANE CORAL SPRINGS FL 33065	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b> FL <b>Zip Code</b>

**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** Gerardo Ceballos **DATE** 4/29/03

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>0</b> CEBALLOS, GERARDO A SR 4127 NW 78 LANE CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Block 11 if changed, or on an attachment with an address, with all other lines empowered.**

**SIGNATURE:** Gerardo Ceballos **SIGNATURE REQUIRED** **DATE** 4/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)