

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000001820

1. Entity Name

J. & H. VENDING, INC.

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90366 022 \*\*\*163.75

Principal Place of Business

347 N.W. 170TH STREET  
NORTH MIAMI BEACH FL 33169  
US

Mailing Address

347 N.W. 170TH STREET  
NORTH MIAMI BEACH FL 33169  
US

2. Principal Place of Business

20900 W. DIXIE HIGHWAY  
Suite, Apt. #, etc.

3. Mailing Address

20900 W. DIXIE HIGHWAY  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NO MIAMI BEACH A 33180

City & State

NO MIAMI BEACH, FL 33180

4. FEI Number

65-0374397

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, EUGENE J  
1111 LINCOLN RD  
SUITE 800  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Gene GLASSER

Street Address (P.O. Box Number is Not Acceptable)

ABRAMS ANTON PA  
2021 TYLER ST

City

HOLLYWOOD FL

Zip Code

33022

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	KLEIN, JERRY	
STREET ADDRESS	347 N.W. 170TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	LEVY, HERB	
STREET ADDRESS	347 N.W. 170TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	ALPER, RICHARD	
STREET ADDRESS	347 N.W. 170TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20900 W. DIXIE HIGHWAY	
STREET ADDRESS	No. Miami Beach, FL 33180	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20900 W. Dixie Highway	
STREET ADDRESS	No Miami Beach FL 33180	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20900 W. Dixie Highway	
STREET ADDRESS	No Miami Beach, FL 33180	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01

305-626-0940

Date

Daytime Phone #

CR2E034 (10/00)