

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026645

1. Entity Name

GESCO VENDING CORP.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90037 013 \*\*\*150.00

Principal Place of Business

Mailing Address

5302 MC INTOSH POINT  
 # 118  
 SANFORD FL 32773  
 US

40 LOMBARDY STREET  
 BROOKLYN NY 11222-5114

2. Principal Place of Business

3. Mailing Address

5302 MC INTOSH POINT  
 Suite, Apt. #, etc.  
 SUITE 118

40 LOMBARDY ST  
 Suite, Apt. #, etc.

City & State  
 SANFORD FL

City & State  
 BROOKLYN NY

Zip  
 32773

Country

Zip  
 11222-5114

Country

4. FEI Number 59-3244053

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.  
 9200 SOUTH DADELAND BLVD.  
 SUITE 508  
 MIAMI FL 33156

Name  
 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GESSER, JEFFREY	
STREET ADDRESS	40 LOMBARDY STREET	
CITY - ST - ZIP	BROOKLYN NY 11222	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Jeffrey Gesser*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)