

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038087

1. Entity Name

R & G VENDING, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90197 019 ***150.00

Principal Place of Business

538 SE MONTERREY RD
STUART FL 34994
US

Mailing Address

2492 SW ESTELLA TERRACE
PALM CITY FL 34990-3180
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0496474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARRELL, RICKEY L ESQ.
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RENNA, MARIE	
STREET ADDRESS	2799 SE BLUEM WAY	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CALARCO, LOREEN	
STREET ADDRESS	2492 SW ESTELLA TERRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CALARCO, LAWRENCE	
STREET ADDRESS	2492 SW. ESTELA TERR.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBERT RENNA JR	
STREET ADDRESS	2459 SE MORNINGSIDE Blvd	
CITY-ST-ZIP	PT. ST LUCIE FL 34952	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

1/12/00

Date

561-220-9767

Daytime Phone #

CR2E034 (9/99)