

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90090 050 ***150.00

DOCUMENT # P96000027472

1. Entity Name

K R VENDING, INC.

DO NOT WRITE IN THIS SPACE

34556

2. Principal Place of Business

16485 COLLINS AVE.

3. Mailing Address

16485 COLLINS AVE.

Suite, Apt. #, etc.

2931

Suite, Apt. #, etc.

2931

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEL Number

65-0669139

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

KEN RIFKIND

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

16485 COLLINS AVE. #2931

City

MIAMI BEACH

FL

Zip Code

33160

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

5/25/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D
KENNETH RIFKIND
16485 COLLINS AVE. #2931
MIAMI BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
JO-ANN RIFKIND
16485 COLLINS AVE. #2931
MIAMI BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02

786 942 8224