

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000177

1. Entity Name

J Z VENDING, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90105 008 ***150.00

Principal Place of Business

Mailing Address

1331 PEPPERTREE TRAIL
FT PIERCE FL 34950

1331 PEPPERTREE TRAIL
FT PIERCE FL 34950-5223

2. Principal Place of Business

1404 PONCE DELEON

Suite, Apt. #, etc.

3. Mailing Address

1404 PONCE DELEON

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT PIERCE FL

City & State

FT PIERCE FL

4. FEI Number

65-0718050

Applied For

Not Applicable

Zip

34982

Country

ST LUCIE

Zip

34982

Country

ST LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAVALA, JENNIFER
1331 PEPPERTREE TRAIL APT B
FORT PIERCE FL 34950

7. Name and Address of New Registered Agent

Name

Jennifer Zavala

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

1404 PONCE DELEON

City

FT PIERCE

FL

Zip Code

34982

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

Jennifer Zavala

PRESIDENT

1/14/00

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	PD	<input type="checkbox"/> Delete
NAME	ZAVALA, JENNIFER	
STREET ADDRESS	1331 PEPPERTREE TRAIL APT B	
CITY-ST-ZIP	FT PIERCE FL 34950	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Zavala	
STREET ADDRESS	1404 PONCE DELEON	
CITY-ST-ZIP	FT PIERCE, FL 34982	
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 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:

Jennifer Zavala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)