

AMENDING 2000
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 970000 45890

1. Entity Name

COAST TO COAST VENDING, INC.

Principal Place of Business

Mailing Address

15192 TRANQUILITY LAKE DR
DELRAY BEACH FL 33446

15192 TRANQUILITY LAKE DR
DELRAY BEACH FL 33446

FILED

00 JUL 20 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

9460 POINCIANA PLACE

8930 S.R. 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 408

337

City & State

City & State

FORT LAUDERDALE FL

DAVIE FLORIDA

Zip

Zip

33324

Country

Country

BARBADOS

33324

BARBADOS

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0754969

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

MASTROPAOLO, SALVATORE J.
15192 TRANQUILITY LAKE DR.
DELRAY BEACH, FL. 33446

Name: CHARLES A. MASTROPAOLO
Street Address (P.O. Box Number is Not Acceptable): 9460 POINCIANA PLACE
APT. 408
City: FORT LAUDERDALE FL Zip Code: 33324

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

6/14/2000

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: MASTROPAOLO, SALVATORE J.
NAME: MASTROPAOLO, SALVATORE J.
STREET ADDRESS: 15192 TRANQUILITY LAKE DR.
CITY-ST-ZIP: DELRAY BEACH FL 33446

TITLE: CHARLES A. MASTROPAOLO
NAME: CHARLES A. MASTROPAOLO
STREET ADDRESS: 9460 POINCIANA PLACE
CITY-ST-ZIP: FORT LAUDERDALE FL 33324

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: 500003351455-0
STREET ADDRESS: -08/03/00--01103--002
CITY-ST-ZIP: *****61.25 *****61.25

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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

Date

Daytime Phone #

CHARLES A. MASTROPAOLO 6/14/2000

1-200-721-7233

CR2E034 (9/99)