

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101512

1. Entity Name

ESPRESSO VENDING CORP.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90091 009 ***150.00

Principal Place of Business

7114 S.W. 132ND CT. **4494 Fox Chase**
 MIAMI FL 33183 **OR Orlando FLA**
32812

Mailing Address

7114 S.W. 132ND CT.
 MIAMI FL 33183-2317

2. Principal Place of Business

4494 FOX CHASE DA
 Suite, Apt. #, etc.
ORLANDO FLA

3. Mailing Address

4494 FOX CHASE
ORLANDO
 Suite, Apt. #, etc.
DA



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FLA

City & State

ORLANDO FLORIDA

4. FEI Number

65-0808665

Applied For

Not Applicable

Zip

32812

Country

ORANGE

Zip

32812

Country

ORANGE

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

HERRERA, CARLOS
 7114 S.W. 132ND CT.
 MIAMI FL 33183

NEW ADDRESS
4494 FOX CHASE
OR ORLANDO FLA
32812

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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	D PRESIDENT	<input type="checkbox"/> Delete
NAME	HERRERA, CARLOS	
STREET ADDRESS	7114 S.W. 132ND CT.	
CITY - ST - ZIP	MIAMI FL 33183	
TITLE	LOREN VIDAUD	<input type="checkbox"/> Delete
NAME	1717 MONTCAVAL ST	
STREET ADDRESS	TREASURER	
CITY - ST - ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

CARLOS HERRERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

407-6251312

Daytime Phone #

CR2E034 (9/99)