

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90140 039 ***163.75

DOCUMENT # P99000070161

1. Entity Name

POPULAR VENDING, INC.

Principal Place of Business

Mailing Address

PO BOXS 600630
NORTH MIAMI BEACH FL 33160

PO BOXS 600630
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

1840 NE 186 ST
Suite, Apt. #, etc.
APT. 3 - F

P.O. Box 600630
Suite, Apt. #, etc.

City & State

City & State

N. M. B. FL.

N. M. B. FL. U.S.A.

Zip

Country

Zip

Country

33179

DADE

33160

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, FREDDY F
1840 NE 186 ST #3D
NORTH MIAMI BEACH FL 33179

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE PD
NAME DIAZ, FREDDY F
STREET ADDRESS 1840 NE 186 ST.#3D
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME DIAZ, FREDDY P
STREET ADDRESS 1840 NE 186 ST.#3D
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE
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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

04-27-00

Date

Daytime Phone #

305-9325964
305-9569117

CR2E034 (9/99)