2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000089257** Apr 22, 2000 8:00 am Secretary of State APPLE VENDING CORP. 04-22-2000 90013 019 ***150.00 Mailing Address Principal Place of Business 7001 ENVIRON BLVD., STE. 304 7001 ENVIRON BLVD., STE. 304 LAUDERHILL FL 33319-4212 LAUDERHILL FL 33319 3. Mailing Address 2. Principal Place of Business Florida Drance count Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ИS 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **UTSTEIN. ALAN** Street Address (P.O. Box Number is Not Acceptable) 7001 ENVIRON BLVD., STE. 304 LAUDERHILL FL 33319 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Delete TITLE President TITLE NAME Susan WishiN NAME STREET ADDRESS 2001 Environ Bluck STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 surplemental 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 trusted 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 addiess, with all other like empowered.

SIGNATURE:

NATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-14-2000

954-522-7899 Daytime Phone #