

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90004 021 ***150.00

DOCUMENT # P99000090191

1. Entity Name
ALL-VEND, INC.

Principal Place of Business
**C/O 2815 TAYLOR ST.
 HOLLYWOOD FL 33020**

Mailing Address
**C/O 2815 TAYLOR ST.
 HOLLYWOOD FL 33020**

00021330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5722 S. FLAMINGO ROAD
 Suite, Apt. #, etc. **#250**

3. Mailing Address
5722 S. FLAMINGO ROAD
 Suite, Apt. #, etc. **#250**

City & State
COOPER CITY FL.
 Zip
33330-3206
 Country

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4. FEI Number **65-0955632**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MACK, HOWARD
C/O 2815 TAYLOR ST.
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name **MACK, HOWARD**
 Street Address (P.O. Box Number is Not Acceptable)
5722 S. FLAMINGO RD
#250
 City **COOPER CITY FL** Zip Code **33330-3206**

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]* **PRESIDENT** DATE *[Signature]* **1 MARCH 01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P MACK, HOWARD 2815 TAYLOR ST. HOLLYWOOD FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S MACK, HOWARD 2815 TAYLOR ST. HOLLYWOOD FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P HOWARD MACK 5722 S. FLAMINGO RD #250 COOPER CITY FL. 33330-3206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S MACK HOWARD 5722 S. FLAMINGO RD #250 COOPER CITY FL. 33330-3206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MARCH 01 9547237880
 Date Daytime Phone #

CR2E034 (10/00)