

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90883 023 ***150.00

DOCUMENT # **P99000110650**

1. Entity Name

Hospitality Vending, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 692206

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 692206

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32869

Country

ORANGE

Zip

32869

Country

ORANGE

4. FEI Number

59-3692563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARK CRUZ

Street Address (P.O. Box Number is Not Acceptable)

614 LAKE SPUR LN

City

ALTAMONTE SPRINGS FL

Zip Code

32714

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

M. Averbukh

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

(NOTE: Registered Agent signature required when reinstating)

4.26.02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

MARK CRUZ, P
P.O. Box 692206
Orlando, FL 32869

MICHAEL AVERBUKH
V.P. - SAME -

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Averbukh

MICHAEL AVERBUKH, V.P. 4.26.02. (407) 402-2315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)