

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90062 032 ***150.00

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DOCUMENT # S09420

1. Entity Name

K.B. VENDING SUPPLY, INC.

Principal Place of Business

**7930 CAMINO CIRCLE
MIAMI FL 33143**

Mailing Address

**7930 CAMINO CIRCLE
MIAMI FL 33143**

2. Principal Place of Business

8412 SW. 208 ST.

3. Mailing Address

8412 SW. 208 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLA.

City & State

Miami, FLA.

Zip

33189

Country

USA

Zip

33189

Country

USA

4. FEI Number

65-0223939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KONTOS, PATRICIA M
7930 CAMINO CIRCLE
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

Nicholas C KONTOS

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

8412 SW. 208 ST.

City

Miami

FL

Zip Code

33189

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

Nicholas C. Kontos

VICE PRESIDENT

4/02/01

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, 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 **PT**
NAME **KONTOS, PATRICIA M**
STREET ADDRESS **7930 CAMINO CIRCLE**
CITY-ST-ZIP **MIAMI FL 33143**
☒ Delete **Deceased**

TITLE **VS**
NAME **KONTOS, NICHOLAS C**
STREET ADDRESS **7930 CAMINO CIRCLE**
CITY-ST-ZIP **MIAMI FL 33143**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **V5**
NAME **KONTOS, NICHOLAS C.**
STREET ADDRESS **8412 SW. 208 ST.**
CITY-ST-ZIP **Miami FL. 33189**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Nicholas C. Kontos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/02/01

Daytime Phone #

(305)251-8212

CR2E034 (10/00)