

# 2001 UNIFORM BUSINESS REPORT (UBR)

0181597

DOCUMENT # 370198

1. Entity Name

EL TORO MEAT PACKING, CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 30 PM 1:14

Principal Place of Business

2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

Mailing Address

2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

2. Principal Place of Business

2300 Coral Way

Suite, Apt. #, etc.

Suite # 200

City & State

Miami, Florida

3. Mailing Address

2300 Coral Way

Suite, Apt. #, etc.

Suite # 200

City & State

Miami, Florida

Zip

33145

Country

US

Zip

33145

Country

US

4. FEI Number

59-1303093

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

FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

7. Name and Address of New Registered Agent

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

AMADA CANTERA LOPEZ, President

DATE

4/15/01

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

DELETE ☐ Delete  
NAME PD  
STREET ADDRESS RODRIGUEZ, HORTENSIA  
CITY-ST-ZIP 1025 S.W. 11TH STREET  
MIAMI FL

TITLE V ☐ Delete  
NAME RODRIGUEZ, CLAUDI  
STREET ADDRESS 3170 N.W. 111TH AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete  
NAME RODRIGUEZ, CLAUDIO  
STREET ADDRESS 3170 S.W. 111TH AVE.  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete  
NAME RODRIGUEZ, GILDA M  
STREET ADDRESS 1324 S.W. 62ND ST. #P108  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition  
NAME RODRIGUEZ, CLAUDIO  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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

GILDA M. RODRIGUEZ, Sec.

Date

Daytime Phone #

/001

CRZ

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