

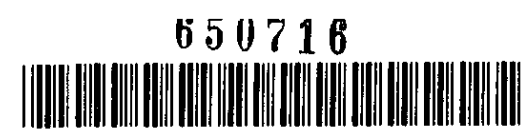
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90075 014 ***150.00

DOCUMENT # 550015
 1. Entity Name
SELECT MEATS, INCORPORATED

Principal Place of Business 7842 N.W. 72ND AVE. MIAMI FL 33166	Mailing Address C/O MICHAEL STEVEN GREENE. ESO 201 S. BISCAYNE BLVD.. STE 900 MIAMI FL 33131-4326
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1790226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GREENE, MICHAEL STEVEN
 201 S. BISCAYNE BLVD.
 SUITE 900
 MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name: **Valdes-Fauli Corporate Services, Inc.**
 Street Address (P.O. Box Number is Not Acceptable): **2 S. Biscayne Blvd., Suite 3400**
 City: **Miami** FL Zip Code: **33131**

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.
VALDES-FAULI CORPORATE SERVICES, INC.
 SIGNATURE By: *[Signature]* **Raul E. Valdes-Fauli, President** DATE: **3/27/00**
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, 2000 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: PD NAME: GRANAT, ROBERT STREET ADDRESS: 446 POINCIANA ISLAND DR. CITY-ST-ZIP: SUNNY ISLES FL 33176	<input type="checkbox"/> Delete
TITLE: D NAME: GRANAT, JOAN STREET ADDRESS: 446 POINCIANA ISLAND DR. CITY-ST-ZIP: SUNNY ISLES FL 33160	<input type="checkbox"/> Delete
TITLE: VP NAME: DIAZ, ROGER STREET ADDRESS: 7842 N.W. 72ND AVE. CITY-ST-ZIP: MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE: D NAME: GREENE, MICHAEL STEVEN STREET ADDRESS: 201 S. BISCAYNE BLVD., STE 900 CITY-ST-ZIP: MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: LOWE, MARGARET STREET ADDRESS: 7842 NW 72ND AVE CITY-ST-ZIP: MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE: T NAME: ROSENBERG, MICHAEL STREET ADDRESS: 7842 N.W. 72ND AVE. CITY-ST-ZIP: MIAMI FL 33166	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (9/99)