

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91168 050 \*\*\*150.00

**DOCUMENT #** 550015  
**1. Entity Name**  
 SELECT MEATS, INCORPORATED

**Principal Place of Business**  
 7842 N.W. 72nd Ave.  
 Miami, Florida 33166

**Mailing Address**  
 c/o Michael Steven Greene  
 201 S. Biscayne Blvd., Ste 900  
 Miami, Florida 33131

771201

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 2 S. Biscayne Blvd.  
 Suite, Apt. #, etc.  
 Suite 3400  
 City & State  
 Miami, Florida

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-1790226  
 Applied For  
 Not Applicable

**Zip** 33131  
**Country** USA

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

**6. Name and Address of Current Registered Agent**  
 Valdes-Fauli Corporate Services, Inc.  
 2 S. Biscayne Blvd., Suite 3400  
 Miami, Florida 33131

**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** \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	DP Granat, Robert 446 Poinciana Island Drive Sunny Isles, Florida 33176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Granat, Joan 446 Poinciana Island Drive Sunny Isles, Florida 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Diaz, Roger 7842 N.W. 72nd Avenue Miami, Florida 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lowe, Margaret 7842 N.W. 72nd Avenue Miami, Florida 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rosenberg, Michael 7842 N.W. 72nd Avenue Miami, Florida 33166	<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	DP Granat, Robert 446 Poinciana Island Drive Sunny Isles, Florida 33160	<input checked="" 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
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:** *Margaret Lowe* **4/19/01** **3058870100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 MARGARET LOWE, SECRETARY

CR2E034 (11/00)