## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 19, 2002 8:00 am Secretary of State DOCUMENT # 385559 1. Entity Name 09-19-2002 90159 039 \*\*\*150.00 SUNSET STRIP MEAT MARKET, INC. Principal Place of Business Mailing Address 6491 SUNSET STRIP 6491 SUNSET STRIP B0139611 SUNRISE FL 33313 SUNRISE FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Juite Suite City & State 4. FEI Number City & State Applied For 59-1364585 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLARO, THOMAS Street Address (P.O. Box Number is Not Acceptable) 6491 SUNSET STRIP SUNRISE FL 33313 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition COLLARO, THOMAS NAME STREET ADDRESS 10501 N.W. 21 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:



CERTIFIED PUBLIC ACCOUNTANTS • A PROFESSIONAL ASSOCIATION

September 13, 2002

Uniform Business Report Division of Corporations P.O. 1500 Tallahassee, Fl. 32302-1500

RE:

Taxpayer's Name:

Sunset Strip Meat Market, Inc.

Document Number:

385559

Tax Form:

Uniform Business Report

Tax Period:

2002

## Gentlemen:

We are writing as the accountants for the above referenced client.

Enclosed please find the 2002 Uniform Business Report for the above referenced taxpayer with a check in the amount of \$150.00. The taxpayer had not received the original Uniform Business Report, which was due and payable May 1, 2002. Please accept their fee in the amount of \$ 150.00 as they had always filed and paid this return timely in the past and this was an unusual and unforeseen occurrence.

If you have any questions, please feel free to call us between the hours of 9 A.M. and 5 P.M. Monday thru Friday at (954) 776-1444.

Sincerely,

PASSAREILLO & STAIANO, C.P.A.

Paula Posyton

For the Firm

Encl