

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 387380

1. Entity Name

ASC MEAT IMPORTS, LTD., INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90018 050 \*\*\*150.00

Principal Place of Business

Mailing Address

2500 HOLLYWOOD BLVD.  
#212  
HOLLYWOOD FL 33020

2500 HOLLYWOOD BLVD.  
#212  
HOLLYWOOD FL 33020-6615

2. Principal Place of Business

2237 N. Commerce Parkway

3. Mailing Address

2237 N. Commerce Parkway

4. Suite/Apt. #, etc.

#3

5. Suite/Apt. #, etc.

#3

City & State

Weston, Florida 33326

City & State

Weston, Florida 33326

4. FEI Number

59-1358648

Applied For

Not Applicable

Zip

Country

US

Zip

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MANELLA, ROSS H  
2500 HOLLYWOOD BLVD.  
SUITE #212  
HOLLYWOOD FL 33020

## 7. Name and Address of New Registered Agent

Name Manella, Ross H. ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
2237 N. Commerce Parkway

Suite # 3

City Weston, Florida

FL

Zip Code 33326

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  ROSS MANELLA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/2000

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	S	<input type="checkbox"/> Delete
NAME	ATKINSON, NADINE	
STREET ADDRESS	6848 SW 37TH ST	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ATKINSON, RICHARD	
STREET ADDRESS	6848 S W 37 STREET	
CITY-ST-ZIP	MIRAMAR, FLORIDA 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

RICHARD ATKINSON

Date

4/10/2000

Daytime Phone #

954  
385-3637

CR2E034 (9/99)