

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90020 031 \*\*\*150.00

**DOCUMENT # 442641**

1. Entity Name  
**LA VILLARENA MEAT & PORK, INC.**

Principal Place of Business 6455 N.E. 3RD AVE MIAMI FL 33138	Mailing Address 6455 N.E. 3RD AVE MIAMI FL 33138-6012
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>59-1671497</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>CASTILLO (OSVALDO) (NO) 9421 SW 10 ST MIAMI FL</b>		7. Name and Address of New Registered Agent Name <b>CANDELARIO RODRIGUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>4340 SW 3 ST</b> City <b>MIAMI</b> FL Zip Code <b>33134</b>	
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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 *Candelario Rodriguez* **CANDELARIO RODRIGUEZ** DATE **3-30-00**  
Signature, typed or printed name of registered agent and date 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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD CASTILLO, OSVALDO</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>10364 SW 8 TERR. MIAMI FL 33174</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD CANDELARIO, RODRIGUEZ</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT CANDELARIO RODRIGUEZ</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>4340 S.W. 3 ST. MIAMI FL.</b>		<b>4340 SW 3 ST MIAMI FLA 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Candelario Rodriguez* **CANDELARIO RODRIGUEZ** DATE **3-30-00** (305) 3240160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)