

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 550015

1. Corporation Name  
SELECT. MEATS, INCORPORATED

Principal Place of Business  
7842 N.W. 72ND AVE.  
MIAMI FL 33166

Mailing Address  
C/O MICHAEL STEVEN GREENE, ESQ  
201 S. BISCAYNE BLVD., STE 900  
MIAMI FL 33131

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90040 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1977

4. FEI Number

59-1790226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME GRANAT, ROBERT  
STREET ADDRESS 10320 SW 125TH ST.  
CITY-ST-ZIP MIAMI FL 33176

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 446 POINCIANA ISLAND DRIVE  
1.4 CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE D ☐ DELETE  
NAME GRANAT, JOAN  
STREET ADDRESS 10320 SW 125TH ST.  
CITY-ST-ZIP MIAMI FL 33176

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 446 POINCIANA ISLAND DRIVE  
2.4 CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE VP ☐ DELETE  
NAME DIAZ, ROGER  
STREET ADDRESS 7842 N.W. 72ND AVE.  
CITY-ST-ZIP MIAMI FL 33166

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GREENE, MICHAEL STEVEN  
STREET ADDRESS 201 S. BISCAYNE BLVD., STE 900  
CITY-ST-ZIP MIAMI FL 33131

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME LOWE, MARGARET  
STREET ADDRESS 7842 NW 72ND AVE  
CITY-ST-ZIP MIAMI FL 33166

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME ROSENBERG, MICHAEL  
STREET ADDRESS 7842 N.W. 72ND AVE.  
CITY-ST-ZIP MIAMI FL 33166

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

MARGARET LOWE

2/24/99

3058870100

Date

Daytime Phone #

CR2E034 (11/98)

0186384