

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 550015

1. Entity Name

SELECT MEATS, INCORPORATED

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90075 014 \*\*\*150.00

Principal Place of Business

Mailing Address

7842 N.W. 72ND AVE.  
MIAMI FL 33166

C/O MICHAEL STEVEN GREENE, ESO  
201 S. BISCAYNE BLVD., STE 900  
MIAMI FL 33131-4326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1790226

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, MICHAEL STEVEN  
201 S. BISCAYNE BLVD.  
SUITE 900  
MIAMI FL 33131

Name  
Valdes-Fauli Corporate Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
2 S. Biscayne Blvd., Suite 3400  
City Miami FL Zip Code 33131

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.

VALDES-FAULI CORPORATE SERVICES, INC.

SIGNATURE By: Raul E. Valdes-Fauli, President 3/27/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GRANAT, ROBERT	446 POINCIANA ISLAND DR.	SUNNY ISLES FL 33176	<input type="checkbox"/>
D	GRANAT, JOAN	446 POINCIANA ISLAND DR.	SUNNY ISLES FL 33160	<input type="checkbox"/>
VP	DIAZ, ROGER	7842 N.W. 72ND AVE.	MIAMI FL 33166	<input type="checkbox"/>
D	GREENE, MICHAEL STEVEN	201 S. BISCAYNE BLVD., STE 900	MIAMI FL 33131	<input checked="" type="checkbox"/>
S	LOWE, MARGARET	7842 NW 72ND AVE	MIAMI FL 33166	<input type="checkbox"/>
T	ROSENBERG, MICHAEL	7842 N.W. 72ND AVE.	MIAMI FL 33166	<input type="checkbox"/>

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: Michael Rosenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)