

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90134 005 \*\*\*150.00

**DOCUMENT # 661746**

1. Entity Name  
AREA CODE 305 MEATS, INC.



Principal Place of Business

4601 SHERIDAN ST  
SUITE 420  
HOLLYWOOD FL 33021  
US

Mailing Address

4601 SHERIDAN ST  
SUITE 420  
HOLLYWOOD FL 33021  
US

2. Principal Place of Business

1228 Hillsboro Mile  
Suite, Apt. #, etc.  
206

3. Mailing Address

1228 Hillsboro Mile  
Suite, Apt. #, etc.  
206

City & State

Hillsboro Beach FL

City & State

Hillsboro Beach FL

Zip  
33062

Country

Broward

Zip

33062

Country

Broward



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2017198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, LARRY  
1228 HILLSBOROUGH MILE  
HILLSBOROUGH BEACH FL 33062

7. Name and Address of New Registered Agent

Name

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

City

FL

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDS  
TUCKER, LARRY  
1228 HILLSBOROUGH MILE  
HILLSBOROUGH BEACH FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1228 Hillsboro mile  
Hillsboro Beach, FL 33062 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Larry Tucker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Tucker 1/31/03 954 725-1455  
Date Daytime Phone #

CR2E034 (10/02)