2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # 662475 1. Entity Name DEERFIELD MEATS, INC. 03-22-2000 90046 033 ***150.00 Principal Place of Business Mailing Address 270 W HILLSBORO BLVD 270 W HILLSBORO BLVD DEERFIELD BCH FL 33441 DEERFIELD BCH FL 33441-3322 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2045190 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, CARLOS M. Street Address (P.O. Box Number is Not Acceptable) 270 W. HILLSBORO BLVD. DEERFIELD BEACH 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable _(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPST** Change ☐ Addition TITLE TITLE ☐ Delete RODRIQUEZ, CARLOS NAME NAME STREET ADDRESS 270 W HILLSBORO BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH, FL 00000 ☐ Addition ☐ Change Delete TITLE TITLE RODRIGUEZ, JR. C NAME STREET ADDRESS STREET ADDRESS 270 W. HILLSBORO BLVD CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 adgress, with all other like empowered. 3-17-00