

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90180 028 \*\*\*150.00

**DOCUMENT # G10826**

1. Entity Name

**FLORIDA EGG AND POULTRY, INC.**

Principal Place of Business

Mailing Address

6940 N.W. 36 AVE.  
 MIAMI FL 33147

6940 N.W. 36 AVE.  
 MIAMI FL 33147-6506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6940 NW 36 Ave

Suite, Apt. #, etc.

6940 NW 36 Ave

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33147

Country

FL

Zip

33147

Country

FL

4. FEI Number

59-2233243

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IGNACIO, ORDONCZ**  
 10865 SW 132 CIR. CT.  
 MIAMI FL 33186

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.

SIGNATURE \_\_\_\_\_

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	ORDONEZ, IGNACIO	10865 SW 132 CIR CT.	MIAMI FL	<input type="checkbox"/>
PD	ORDONEZ, IGNACIO	10865 S.W. 132 CIR. CT.	MIAMI FL	<input type="checkbox"/>
ST	DUSSAQ, MAURICE	2917 CENTER ST.	COCONUT GROVE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**IGNACIO ORDONCZ**

Date

4-20-00

Daytime Phone #

3056960010

CR2E034 (9/99)