2004

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90145 001 ****50.00

DOCUMENT # L03000014973

1. Entity Name
DELI MEATS FACTORY, LLC

Principal Place of Business	Mailing Address
5844 NW 109 AVE Miami FL 33178	5844 NW 109 AVE Miami FL 33178

14027123

2. Principal Place of Business	3. Mailing Address
	16300 NE 19 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste C
City & State	City & State N. Miami Beach FL
Zip / Country	Zip 33162 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1588196 — Applie[d] / Not A[pplicable]

5. Certificate of Status Desired ☐ $8.75 Additio[nal] Fee Required

6. Name and Address of Current Registered Agent
FERNANDO SILVA
16300 NE 19 Ave #C
N. Miami Beach FL 33162

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

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Added to

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	MGR ☐ Delete	TITLE	☐ Change
NAME	JOSE LUIS CAMPOS	NAME	
STREET ADDRESS	5844 NW 109 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change
NAME	GIANCARLO COZZO	NAME	
STREET ADDRESS	5844 NW 109 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 info[rmation] 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 o[r 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 B[lock 12 if] changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Campos 7/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Attachments

14027123

L03000014973

July 26, 2004

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee FL 32302-1500

Ref.: L03000014973 – DELI MEATS FACTORY, LLC.

Dear Sir or Madam:

We would like to let you know that we HAVE NOT RECEIVED ANY FORM BY MAIL to renew the Corporation for year 2004. We made a copy from blank form to try to accomplish with the State Law, please accept our check without penalty. Please waive any fine

We are trying to comply with the Corporate Renewal for this year.

Cordially,

Jose Campos

Jose Luis Campos
Manager