

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40014

1. Entity Name

MEATS & PRODUCE, INC.

Principal Place of Business

2473 NW 40TH AVE  
LAUDERHILL FL 33313  
US

Mailing Address

10895 STACEY LANE  
BOCA RATON FL 33428-4050

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

22580 Lemon Tree Ln

Boca Raton, FL

33428

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARKE, LYNDEN  
10895 STACEY LN  
BOCA RATON FL 33428

Name

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

22580 Lemon Tree Ln

City Boca Raton

FL

Zip Code 33428

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

Lynden Clarke

Lynden Clara

4/10/00

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	PD	<input type="checkbox"/> Delete
NAME	CLARKE, LYNDEN	
STREET ADDRESS	10895 STACEY LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CLARKE, SONIA	
STREET ADDRESS	10895 STACEY LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22580 Lemon Tree Ln	
STREET ADDRESS	BOCA RATON, FL 33428	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22580 Lemon Tree Ln	
STREET ADDRESS	BOCA RATON, FL 33428	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Clarke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

954-777-9935

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90111 004 \*\*\*150.00