

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M04724

1. Entity Name

BEST WAY MEAT CORP.

Principal Place of Business

752 N.W. 183 ST.
MIAMI FL 33169-4250
US

Mailing Address

752 N.W. 183 ST.
MIAMI FL 33169-4250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTALVO, ADALBERTO
12864 SW 53RD STREET
MIAMI FL 33175

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, 2001 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

T
MONTALVO, SUSANA
12864 SW 53 STREET
MIAMI FL ☐ Delete

☐ Change ☐ Addition

VPS
MONTALVO, INOCENCIA
12864 S.W. 53 ST.
MIAMI FL ☐ Delete

☐ Change ☐ Addition

P
MONTALVO, ADALBERTO
2730 SW 4 AVE
MIAMI FL 33129 ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADALBERTO MONTALVO P 1-11-01 305-653-5963

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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