

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029875

1. Entity Name

SCOTTY'S CHOICE MEAT INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90005 047 ***158.75

0122124

Principal Place of Business

Mailing Address

~~20004 N.W. 53RD PLACE~~
~~OPA LOCKA FL 33055~~

~~20004 N.W. 53RD PLACE~~
~~OPA LOCKA FL 33055~~

643151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4497 SW 74 AVE

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

City & State

4. FEI Number

65-1011597

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORONADO, NESTOR
7360 CORAL WAY
SUITE 21
MIAMI FL 33155

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

TITLE ☐ Delete
NAME PD S
STREET ADDRESS LLADO, ARMANDO
CITY-ST-ZIP ~~20004 N.W. 53RD PLACE~~
~~OPA LOCKA FL 33055~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4497 SW 74 AVE
CITY-ST-ZIP Miami, FL 33155

TITLE ☒ Delete
NAME SVD
STREET ADDRESS LANG, M. SCOTT
CITY-ST-ZIP ~~7542 S.W. 125TH AVE~~
~~MIAMI FL 33183~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V.D.
STREET ADDRESS LLADO, IVAN
CITY-ST-ZIP 4497 SW 74 AVE
Miami, FL 33155

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Armando Llado, President

Date

Daytime Phone #

CR2E034 (10/00)