

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State
 05-29-2001 90016 021 ***150.00

0004720

DOCUMENT # P00000112899

1. Entity Name

JIMENEZ MEAT AND PRODUCE CORPORATION

Principal Place of Business

Mailing Address

**3054 SW 21TH TERRACE
 MIAMI FL 33145**

**3054 SW 21TH TERRACE
 MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

80 West 22nd Street

1150 N.W. 72nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

555

City & State

Hialeah, Fl.

City & State

Miami, Fl.

Zip

33010

Country

Zip

33126

Country

4. FEI Number

Applied for

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JIMENEZ, FRANCISCO
 3054 SW 21TH TERRACE
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2289 S.W. 16th Street

City
Miami

FL

Zip Code
33145

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!
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

TITLE **D** ☐ Delete
 NAME **JIMENEZ, FRANCISCO**
 STREET ADDRESS **3054 SW 21TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☐ Delete
 NAME **GONZALEZ, MARINA**
 STREET ADDRESS **3054 SW 21TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☒ Delete
 NAME **JIMENEZ, CAROLINA**
 STREET ADDRESS **3054 SW 21TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 an other like empower.

SIGNATURE:

Francisco Jimenez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/01
 Date

305-888-6559
 Daytime Phone #

CR2E034 (10/00)