

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91515 026 ***150.00

DOCUMENT # PO1000020007 ✓
1. Entity Name
MTM MEATS, Inc.

DO NOT WRITE IN THIS SPACE

643324

2. Principal Place of Business
5256 SW 116 Terr.
Suite, Apt. #, etc. -

3. Mailing Address
5256 SW 116 Terr.
Suite, Apt. #, etc. -

DO NOT WRITE IN THIS SPACE

City & State
Cooper City FL.
Zip 33330 **Country** USA

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Cooper City FL.
Zip 33330 **Country** USA

4. FEI Number ☐ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert Kracker

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

5256 SW 116 Terr.

City Cooper City **FL** **Zip Code** 33330

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 Robert Kracker Robert Kracker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/20/01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE President
NAME TURAN OEZCAN
STREET ADDRESS 5256 SW 116 Terr.
CITY - ST - ZIP Cooper City ; FL 33330

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Turan Özcan Turan Oezcan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 9546808142

Date

Daytime Phone #

CR2E034B (12/01)