

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

FILED

DOCUMENT # P01000036202

1. Entity Name

JC MEAT & SEAFOOD INC.

02 MAR 18 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

[Handwritten mark]

2. Principal Place of Business

420 NW 48 ST.

Suite, Apt. #, etc.

3. Mailing Address

420 NW 48 ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

05-1104419

Applied For

Not Applicable

Zip

33309

Country

Zip

33309

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NOEL VALDES

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

420 N.W. 48 ST.

City

FT. LAUDERDALE FL

Zip Code

33309

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) ☐

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Reina Valdes
STREET ADDRESS	420 NW 48 ST.
CITY- ST- ZIP	FT. Lauderdale, FL 33309
TITLE	VP/D
NAME	Nereyda Ferrer
STREET ADDRESS	420 NW 48 ST.
CITY- ST- ZIP	FT. Lauderdale, FL 33309
TITLE	S/T
NAME	Noel Valdes
STREET ADDRESS	420 NW 48 ST.
CITY- ST- ZIP	FT. Lauderdale, FL 33309

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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*****150.00 *****150.00

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IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (1-03)