## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100042647  1. Entity Name ECONOMY MEAT WAREHOUSE INC.				Jan 30, 2002 8:00 am Secretary of State 01-30-2002 90114 035 ***150.00
Principal Plac 1496 NW 23F MIAMI FL 331	RD ST.	Mailing Address 1496 NW 23RD ST. MIAMI FL 33142		
			5 June	
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	mijtioria	Mity& State	rorida	4. FEI Number 380   950   Applied For Not Applicable
3314		33 142	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Address of New Registered Agent
VARGAS, THEODORE 1177 GEORGE BUSH BLVD., STE. 202 DELRAY BEACH FL 33483			Street Address	nessa Hernandioz 180. Bp. Varber is Not Accomple)
	-		City Bra	l (Sables FL 138136
8. The above name attity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  Signature, typed or pr. name of registered agent and title if applicable.  DATE  DATE				
Tax filling requirement and elects to do so. After May 1, 200			! FEE IS \$150.00 2 Fee will be \$550.00 le to Department of St	tate Added to rees
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME TITLE  STREET ADDRESS  CITY-ST-ZIP	P HERNANDEZ, VANESSA 12540 RAMIRO ST. CORAL GABLES FL 33156	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HERNANDEZ, JENIFFER 12540 RAMIRO ST. CORAL GABLES FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete ———	NAME STREET ADDRESS CITY-ST-ZIP	☐ · Change — ☐ · Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated	on this report or supplemental report is true	ue and accurate and that m	ly signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if