

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063614

1. Entity Name
GOT BEEF, INC.

FILED

02 JUL 30 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1505 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address
1505 WASHINGTON AVENUE
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

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

SALADINO, MICHAEL
1505 WASHINGTON AVENUE
MIAMI BEACH FL 33139

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SALADINO, MICHAEL
1505 WASHINGTON AVENUE
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200006918552--6
-08/06/02--01051--030
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

07/11/02 305-531-738

CR2E034 (4/02)

Attachment
Doc. # 01000063614

July 20, 2002

Florida Dept of State
Division of Corporations
P.O Box 1500
Tallahassee, fl. 32302-1500

To Whom It May Concern:

We have only been in existence for eight months and had no idea that our annual report was due until now. We have gone through three accountants in our brief history and only when our current accountant explained this to us, did we realize that we had to file and pay. Please abate the \$400 penalty as we have been trying hard to comply with all the Florida regulations, but fell short on this one item.

Sincerely,



Michael Saladino, President Got Beef Inc.