

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90029 023 ***150.00

DOCUMENT # P01000068236

1. Entity Name

HARTZ MEAT & PRODUCE, INC.



DO NOT WRITE IN THIS SPACE

94031528

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4394 N.W. 31st AVE

State, Apt. #, etc.

3. Mailing Address

SAME

State, Apt. #, etc.

City & State

OAKLAND PARK, FL

City & State

4. FEI Number

65-1134621

Applied For

Not Applicable

Zip

County

Zip

Country

33309

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ELI DEZEME

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

8925 S.W. 9TH ST.

City

BOCA RATON

FL

Zip Code

33433

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 terminating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<u>D</u>
NAME	<u>ELI DEZEME</u>
STREET ADDRESS	<u>8925 S.W. 9TH ST.</u>
CITY-STATE-ZIP	<u>BOCA RATON, FL 33433</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 10 or 11 in an attachment with an address, with all other like empowered.

SIGNATURE:

ELI DEZEME

02-12-04

941-733-5440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)