


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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90946 023 ***150.00

DOCUMENT # <u>P01000668250</u>	
1. Entity Name <u>HAITI MEAT & PRODUCE, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4394 N.W. 31 ST AVE.</u> Suite, Apt. #, etc.	3. Mailing Address <u>SAME</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>OAKLAND PARK, FL.</u>	City & State	4. FEI Number <u>65-1134621</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33309</u>	Country	Zip	Country

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
DEZEME, ELIE
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 reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>DEZEME ELIE</u> <u>8925 S.W. 9TH ST.</u> <u>BOCA RATON, FL 33433</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Elie Dezeme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-03 561-488-2019
Date Daytime Phone #

CR2E034B (12/02)