

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90053 035 ***150.00

0009769 AT

DOCUMENT # P01000111329

1. Entity Name

4TH AVENUE MEAT & FISH MARKET, INC.

Principal Place of Business

**1683 WINTERBERRY LANE
 WESTON FL 33327**

Mailing Address

**1683 WINTERBERRY LANE
 WESTON FL 33327**

2. Principal Place of Business

**1429 North East 4th Avenue
 Suite, Apt. #, etc.
 Fort Lauderdale, FL**

3. Mailing Address

**1683 Winterberry Lane
 Suite, Apt. #, etc.
 Weston FL**



DO NOT WRITE IN THIS SPACE

City & State

33304

City & State

33327

Zip

Country

Broward

Zip

Country

Broward

4. FEI Number

65-1154361

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TOUSSAINT, ELVIS
 1683 WINTERBERRY LANE
 WESTON FL 33327**

7. Name and Address of New Registered Agent

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.

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE **D** ☐ Delete
 NAME **TOUSSAINT, ELVIS**
 STREET ADDRESS **1683 WINTERBERRY LANE**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE **D** ☐ Delete
 NAME **TOUSSAINT, GERMAINE**
 STREET ADDRESS **1683 WINTERBERRY LANE**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Germaine M. Toussaint
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/02 954 565-1181

CR2E034 (9/01)