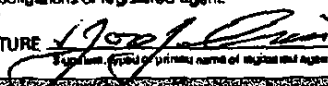


FILED
Jun 30, 2003 8:00 am
Secretary of State

05-22-2003 90135 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000124000			
1. Entity Name BEST WAY MEATS AND FISH, INC.			
Principal Place of Business 752 N.W. 7TH AVE MIAMI, FL 33169		Mailing Address 752 N.W. 7TH AVE MIAMI, FL 33169	
2. Principal Place of Business 752 N.W. 183 STREET Suite, Apt. #, etc.		3. Mailing Address 752 N.W. 183 STREET Suite, Apt. #, etc.	
4. FEI Number 141851518		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANDERSON, NEVILLE 752 N.W. 7TH AVE MIAMI, FL 33169		7. Name and Address of New Registered Agent JOSE ARIAS 752 N.W. 183 STREET MIAMI, FL 33169	
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 		DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☒ Delete NAME SANTOS, JOSE STREET ADDRESS 752 N.W. 7TH AVE CITY-ST-ZIP MIAMI, FL 33169		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME JOSE, ARIAS STREET ADDRESS 752 N.W. 7TH AVE CITY-ST-ZIP MIAMI, FL 33169		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		5/20/03 305-654-1116	

CR2EC34 (10/02)