2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State P94000059403 DOCUMENT # 1. Entity Name 05-19-2002 90047 047 ***150 00 JACO-MEAT, INC. Mailing Address Principal Place of Business 1392 W 39TH PL 1392 W 39TH PL HIALEAH FL 33012 HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0524061 Not Applicable Zip Country \$8.75 Additional Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JACOME, SANTOS R Street Address (P.O. Box Number is Not Acceptable) 1392 W 39TH PL HIALEAH FL 33012 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. \Box Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01 ☐ Change ☐ Addition Delete TITLE TITLE DP JACOME, SANTOS R NAME NAME STREET ADDRESS STREET ADDRESS 1392 W 39TH PL CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP DP OUS Change ☐ Addition □ Delete TITLE TITLE DVS IARDHE. JACOME, RAUL A NAME STREET ADDRESS STREET ADDRESS 1392 W 39TH PL CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the rece changed, or on an attachmen

SIGNATURE:

FILED

305-819-3810.

Daytime Phone #