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

## **DOCUMENT #**

P95000030473

1. Entity Name

MONTREAL SMOKED MEATS & SPICES, INC.



**FILED** Mar 31, 2003 8:00 am secretary of State 03-31-2003 90285 028 \*\*\*150.00

No.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Principal Place of Business 3611 OAKS CLUBHOUSE DRIVE STE 206 BLD 73 POMPANO BEACH FL 33069			Mailing Address 3611 OAKS CLUBHOUSE DRIVE STE 206 BLD 73 POMPANO BEACH FL 33069											
City & State  Country	2. Principal P	Place of Business	3. Mailing Address					!		<b>     </b>	<b>19181</b>   11		<b>                                    </b>		
The Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Addit	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
6. Name and Address of Current Registered Agent 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 agent, or both, in the State of Florida. I am familiar with, and acceptable of the correct agent, or both, in the State of Florida. I am familiar with, and acceptable of Post of the Control agent and the floorable of the Control ag	City & Stat	te		City & State				4.	FEI Number	65-05737	29		- ⊢-		
FRED MACHLUS 1538 NW 121 DR. CORAL GABLES FL 33071  City FL Zip Code  8: The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State o	Zip	Co	untry	Zip Count			ry	5.							
FRED MACHLUS 1538 NW 121 DR.  CORAL GABLES FL 33071  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. I am familiar with, and accept the obligations of registered agent.  Signature:  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME SIRET ADDRESS OTHY-ST-2P  TITLE NAME SIRET ADDRESS		6. Name and	Address of Current R			7. 1	Name and A	ddress of Ne	w Registe	red Ag	ent				
## 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   Suprature	1538 NW 121 DR.					·	•								
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Signature, lysed or primot have of registered agent and tale of expected.	the obligat			the purpose	of changing its r	registere	d office or reg	gistered ag	gent, or both,	in the State of			illiar with,	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS	SIGNATURE.	Signature, typed or printe	d name of registered agent an	d title if applicab	ole. (NOTE:	Registered	Agent signature re	equired when n	reinstating)		D/	ATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	Afte	r May 1, 2003 Fe	e will be \$550.00	State							-				
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STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 existing signature shall have the same legal effect as if made under oath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP					NAME STREE CITY-	T ADDRESS ST-21P							Addition	

of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with a of as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:** 

Date

Daytime Phone #