2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # **P95000085800** 1. Entity Name OAKLAND MEAT AND FISH MARKET COMPANY 01-24-2000 90072 037 ***150.00 Principal Place of Business Mailing Address 5514 W OAKLAND PARK BLVD 5514 W OAKLAND PARK BLVD LAUDERHILL FL 33313 LAUDERHILL FL 33313-1412 00007864 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0617434 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired .Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MYRTIL, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 5514 W OAKLAND PARK BLVD LAUDERHILL FL 33313 City THE COME IN THE 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. 2" dr de 25 5 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change ☐ Addition Delete TITLE MYRTIL, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 5514 W OAKLAND PARK BLVD CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL ☐ Addition ☐ Change --- 🖃 Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete DITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

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