

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90094 008 ***150.00

DOCUMENT # P96000069220

1. Entity Name

TENDER MEATS, INC.

Principal Place of Business

12555 BISCAYNE BLVD
941
MIAMI FL 33181
US

Mailing Address

12555 BISCAYNE BLVD
941
MIAMI FL 33181
US

2. Principal Place of Business

P O BOX
Suite, Apt. #, etc.
420220

3. Mailing Address

P O BOX
Suite, Apt. #, etc.
420220

City & State

MIAMI FLA 33242

City & State

MIAMI FLA

Zip

33242

Country

DATE

Zip

33242

Country

DATE

6. Name and Address of Current Registered Agent

ROSEN, STEVEN M
5601 BISCAYNE BLVD
MIAMI FL 33137

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, 2001 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 PD
NAME PETERS, MIKE
STREET ADDRESS 12555 BISCAYNE BLVD, STE 041
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME P O BOX 420220
STREET ADDRESS MIAMI FLA 33242
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

MIKE PETERS
Typed or printed name of signing officer or director

Date

Daytime Phone #

4-24-00/ 305-637-0044

0230041

CR2E034 (10/00)