

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 21 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065857

1. Entity Name
STERLING WHOLESALE MEAT & POULTRY, INC.



Principal Place of Business
2844 BAY STERLING RD
HOLLYWOOD, FL 33020
2665 South Park Road
Pembroke Park FL 33009

Mailing Address
2844 BAY STERLING RD
HOLLYWOOD, FL 33020
FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0791499

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CICALESE, ROBERT
2844 BAY STERLING RD
HOLLYWOOD, FL 33020
2665 South Park Road
Pembroke Park FL 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Cicalese

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/05

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
CICALESE, ROBERT
STREET ADDRESS
2844 BAY STERLING RD
CITY-ST-ZIP
HOLLYWOOD, FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500049556425
03/31/05--01004--022 **308.75

☐ Change ☐ Addition

TITLE
NAME
2665. South Park Rd
STREET ADDRESS
Pembroke Park FL
CITY-ST-ZIP
33009

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Robert Cicalese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/5

Date

Daytime Phone #

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