

DOCUMENT # P98000004398

1. Entity Name

ZALES MEATS DITRIBUTORS, INC.

FILED

00 FEB 24 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5555 COLLINS AVE  
#12F  
MIAMI BEACH FL 33140

Mailing Address

5555 COLLINS AVE  
#12F  
MIAMI BEACH FL 33140-2544

2. Principal Place of Business

780 West 17th Street

Suite, Apt. #, etc.  
Bay 9

City &amp; State

Hialeah Florida

Zip

33010

Country

Dade

3. Mailing Address

780 West 17th Street

Suite, Apt. #, etc.  
Bay 9

City &amp; State

Hialeah, Florida

Zip

33010

Country

Dade

4. FEI Number

65-0806242

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PINO, RAUL F ESO  
2440 CORAL WAY  
MIAMI FL 33145

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ZAGALES, RAFAEL  
CITY-ST-ZIP 5555 COLLINS AVE, #12F  
MIAMI BEACH FL 33140TITLE ☐ Delete  
NAME D  
STREET ADDRESS ZAGALES, AIDA  
CITY-ST-ZIP 5555 COLLINS AVE, #12F  
MIAMI BEACH FL 33140TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME 100003156921  
STREET ADDRESS -03/03/00--01069--002  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME LS  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/00

Date

(805) 649-7128

Daytime Phone #

CP2E034 (9/99)