

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080014

1. Entity Name

PAPA'S MEAT MARKET INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90045 037 ***150.00

Principal Place of Business

Mailing Address

207 NO. A ST.
LAKE WORTH FL 33460

207 NO. A ST.
LAKE WORTH FL 33460-3221

00000012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0861741**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INFANTE, GABINO
207 NO. A ST.
LAKE WORTH FL 33460

Name **MARIA-INFANTE, -PRESIDENT**

Street Address (P.O. Box Number is Not Acceptable)
207 NO A STREET

City **LAKE WORTH** **FL** Zip Code **33460**

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 *Maria Infante*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/03/00

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **INFANTE, GABINO**
STREET ADDRESS **309 HENTHORNE DR.**
CITY-ST-ZIP **PS FL 33461**

TITLE ☐ Change ☒ Addition
NAME **MARIA INFANTE, PRES.**
STREET ADDRESS **207 NO. A STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Maria Infante*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/03/00

CR2E034 (9/99)