2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000088875**

CERTIFIED POULTRY & EGG CO.

OXENBERG, HARVEY

1111 N.W. 159TH DR. **MIAMI FL 33169**

9. This corporation is eligible to satisfy its Intangible

OXENBERG, HARVEY

1111 N.W. 159TH DR.

MIAMI FL 33169

MIAMI FL 33169

MIAMI FL 33169

MIAMI FL 33169

VTS

OXENBERG, LINDA

1111 N.W. 159TH DR.

OXENBERG, LAWRENCE

1111 N.W. 159TH DR.

FLEISCHMAN, DAVID H

1111 NW 159TH DRIVE

Tax filing requirement and elects to do so.

(See criteria on back)

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

OFFICERS AND DIRECTORS

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

CITY-ST-ZIE

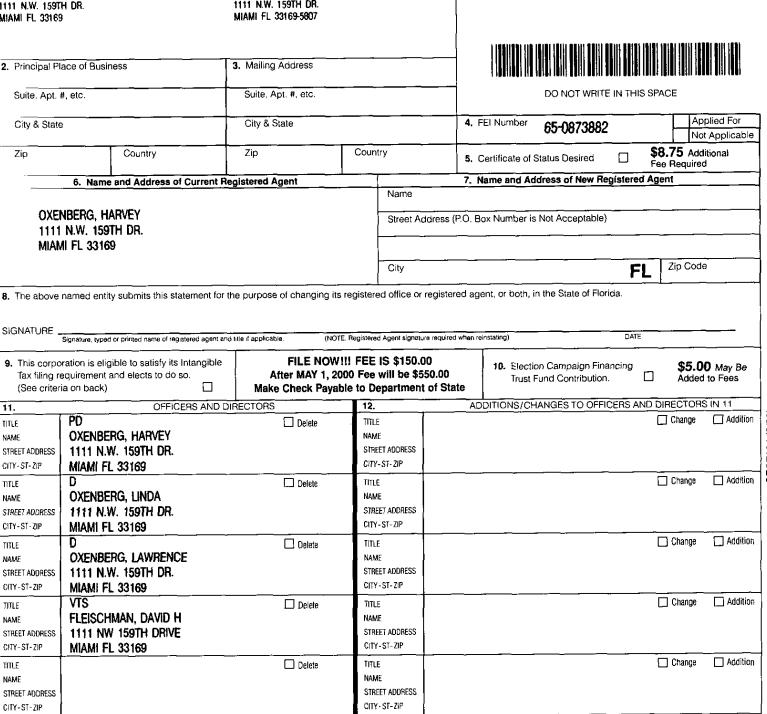
CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business I111 N.W. 159TH DR. MAMI FL 33169		Mailing Address		
		1111 N.W. 159TH DR. MIAMI FL 33169-5807		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6.	Name and Address of Cu	irrent Registered Agent		

FILED May 01, 2000 8:00 am Secretary of State

05-01-2000 90493 037 ***150.00



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.

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

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12

NAME

TITLE

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: A

Change

Addition