

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0159253 AV

04-28-2003 90280 032 ***150.00

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1. Entity Name
WESTERN MEAT PROCESSORS, INC.



Principal Place of Business
**28-44 STIRLING ROAD
HOLLYWOOD FL 33020**

Mailing Address
**28-44 STIRLING ROAD
HOLLYWOOD FL 33020**



2. Principal Place of Business
10300 W. MCNAB RD
Suite, Apt. #, etc.

3. Mailing Address
10300 W. MCNAB RD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
TAMARAC, FL

City & State
TAMARAC, FL

4. FEI Number
65-0870939

Applied For
 Not Applicable

Zip
33321

Country

Zip
33321

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

FISHMAN, ELLEN
~~**2844 STIRLING RD.**~~
~~**HOLLYWOOD FL 33020**~~

Name
Street Address (P.O. Box Number is Not Acceptable)
10300 W. MCNAB ROAD

City **TAMARAC** **FL** Zip Code **33321**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **FISHMAN, ELLEN B**
STREET ADDRESS **28-44 STIRLING ROAD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE Change Addition
NAME
STREET ADDRESS **10300 W. MCNAB ROAD**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information provided 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 supplement to this 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 recipient of the report and am duly 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 to this report, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)