AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 16 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000 83075

1. Entity Name

Imperial Meat & Wholesale Food Distributors, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4110 Enterprise Ave #102	4110 Enterprise Ave #102
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Naples, FL	Naples, FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0946934 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Iliana Araujo

Street Address (P.O. Box Number is Not Acceptable): 4110 Enterprise Ave #102

City: Naples **FL** Zip Code: 34104

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: x Iliana Araujo Vice President x 10-8-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/S/T/D	TITLE	
NAME	Gonzalez, Minta	NAME	
STREET ADDRESS	4110 Enterprise Ave #102	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34104	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Araujo, Iliana	NAME	10/13/03 01042 025 **120.00
STREET ADDRESS	4110 Enterprise Ave #102	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34104	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	**DO NOT WRITE**
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	**IN THIS SPACE**
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	300023747233
STREET ADDRESS		STREET ADDRESS	10/13/03--01042--025 **120.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x Iliana Araujo x 10-8-03 (239) 435-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 10/20