

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000091802**

1. Entity Name

LAKE WORTH MEATS, INC.**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90066 004 ***150.00

Principal Place of Business

1300 S DIXIE HWY
LAKE WORTH FL 33460

Mailing Address

1300 S DIXIE HWY
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0954977**

Applied For

Not Applicable

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

LUJO, ROLANDO SR.~~**8000 SUNSET STRIP-**~~~~**SUNRISE FL 33322-**~~

Name

Street Address (P.O. Box Number is Not Acceptable)

145 YACHT CLUB WAYCity **HYPOLUXO****FL**Zip Code
33462

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LUJO, ROLANDO SR.**
STREET ADDRESS ~~**8000 SUNSET STRIP-**~~
CITY-ST-ZIP ~~**SUNRISE FL 33322-**~~TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **145 YACHT CLUB WAY**
CITY-ST-ZIP **HYPOLUXO, FL 33462**TITLE **D** ☐ Delete
NAME **LUJO, ROLANDO JR.**
STREET ADDRESS ~~**8000 SUNSET STRIP-**~~
CITY-ST-ZIP ~~**SUNRISE FL 33322-**~~TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **145 YACHT CLUB WAY**
CITY-ST-ZIP ~~**HYPOLUXO, FL 33462-**~~TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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

ROLANDO LUJO

Date

Daytime Phone #

(561) 540-8070

CR2E034 (10/00)

0317842