FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P99000093671 RIVIERA MEATS INC. 01-23-2001 90077 046 ***150.00 Principal Place of Business Mailing Address 2401 AVENUE E 2401 AVENUE E RIVIERA BEACH FL 33407 RIVIERA BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0958829 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ. HECTOR Street Address (P.O. Box Number is Not Acceptable) 5078 DALEWOOD LANE LAKE WORTH FL 33467 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSTD** TITLE TITLE Change ☐ Addition NAME GONZALEZ, ALBA NAME STREET ADDRESS STREET ADDRESS 2401 AVENUE E CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33407 TITLE Delete Addition TITLE Change NAME RODRIGUEZ, HECTOR NAME STREET ADDRESS 5078 DALEWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 TITLE ☐ Delete → TITLE - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is 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 is supplied with the information indicated on this report as if made under oath; that I am an officer or director of the corporation of 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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13. Reactor country that the information supplied with this section was report or supplemental report is truing at the companion of the opening of fruits amount of the opening of fruits amount of the opening of the compa	s filing does not qualify for it e and accurate and that my red to execute this report as	ne exemption state signature shall ha required by Chap	ed in Section eve the same oter 607, Flo	on 119.07(3)(i), Florida Stat le legal effect as if made u orida Statutes; and that my	utes. I further ce nder oath; that I name appears	rtify that the in am an officer in Block 11 or	nforma or dire Block
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Daytime Phone #