

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90077 046 \*\*\*150.00

**DOCUMENT # P99000093671**

1. Entity Name

**RIVIERA MEATS INC.**

Principal Place of Business

**2401 AVENUE E  
RIVIERA BEACH FL 33407**

Mailing Address

**2401 AVENUE E  
RIVIERA BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0958829**

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

**RODRIGUEZ, HECTOR  
5078 DALEWOOD LANE  
LAKE WORTH FL 33467**

Name

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

City

**FL**

Zip Code

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 State**10. 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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, ALBA	
STREET ADDRESS	2401 AVENUE E	
CITY-ST-ZIP	RIVIERA BEACH FL 33407	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, HECTOR	
STREET ADDRESS	5078 DALEWOOD LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1/23/01 561-844-5866

CR2E034 (10/00)

DOCUMENT #

Revised Meats, Inc.

Attachment

Doc# P99000093671

B 0008554

DO NOT WRITE IN THIS SPACE

2401 RIVIERE E  
RIVIERA BEACH, FL 33407

2401 Avenue E	3. Mailing Address 2401 Avenue E Suite Apt # etc
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<sup>City &amp; State</sup> Riviera Beach, FL	<sup>City &amp; State</sup> Riviera Beach, FL
<sup>Zip</sup> 33407	<sup>Zip</sup> 33407
<sup>Country</sup> Palmer Beach	<sup>Country</sup> Palmer Beach

4. FEI Number	Applied
	Not Appl

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

Rico Gonzalez  
1150 N. W. 72nd Avenue 307  
Miami, FL 33126

Name Hector RODRIGUEZ  
Street Address (P.O. Box Number is Not Acceptable)  
5078 DALE WORTH CIRCLE  
City LAKE WORTH FL Zip Code 3346

Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

(NOTE Registered Agent signature required when reinstating)

3/6/00  
DATE

2. The defendant is liable to injury as tangible  
and the defendant and elect to do so.

**FILE NOW! FREE (8 \$150.00)**  
**FILE BY MAY 15, 2000 Fee will be \$500.00**  
 Fee is non-refundable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Added to Fe

## PROS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

[illegible][illegible]

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 contained in 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 recipient of funds empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of this report and my current home address, with all other like empowered.

SIGNATURE  \_\_\_\_\_  
TITLE AND/OR POSITION NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_