FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90102 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60067

1. Entity Name
IN & OUT FOOD BY THE POUND, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
12652 SW 8TH STREET	12652 SW 8TH STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: MIAMI FL	City & State: MIAMI FL	4. FEI Number: 65-0267187 ☐ Applied For ☐ Not Applicable
Zip: 33184 Country:	Zip: 33184 Country:	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: SANDOVAL, RAUL
Street Address (P.O. Box Number is Not Acceptable): 12652 SW 8TH STREET
City: MIAMI **FL** Zip Code: 33184

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: _____ DATE

9. This corporation is eligible to certify its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

TITLE: PT NAME: SANDOVAL, RAUL STREET ADDRESS: 12652 SW 8TH STREET CITY-ST-ZIP: MIAMI FL 33184	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VPS NAME: SANDOVAL, MIRIAM STREET ADDRESS: 12652 SW 8TH STREET CITY-ST-ZIP: MIAMI FL 33184	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E036 (1/00)

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

SIGNATURE: _____ 04-30-02 305-221-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SUBMITTING OFFICER OR DIRECTOR — Date — Daytime Phone #