FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2004

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90392 007 ***150.00

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DOCUMENT # S60067

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

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12652 SW 8TH STREET		12652 SW 8TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33184	Country: USA	Zip: 33184	Country: USA

4. FEI Number 65-0267187 ☐ Applied For ☐ Not Applicable

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

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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: 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 X
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) ☐

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	TITLE	
NAME	SANDOVAL, RAUL	NAME	
STREET ADDRESS	12652 SW 8TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33184	CITY-ST-ZIP	
TITLE	VPS	TITLE	
NAME	SANDOVAL, MIRIAM	NAME	
STREET ADDRESS	12652 SW 8TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33184	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 305-221-2844 Daytime Phone #