**FILED** 

Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90169 012 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # \$63200

1. Entity Name

KOSTER'S PRIME MEATS, INC.



					COO WE THE	´				
Principal Place of Business 335 W. INDIANTOWN ROAD JUPITER FL 33458		- 335 \	Mailing Address - 335 W. INDIANTOWN ROAD JUPITER FL 33458				I (BRIJANA IIA GIJAR IJINA IJINI) BRIJI AGIJ	81211 81814 81814 B	(8) ( 8) (8) ( 8) (8) ( 18) (8) (8)	
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.							
City & State		City & State			1	4. FEI Number CE 0070404 Applied For				
Zip Country				Т С-	Country		65-0272431		Not Applicable	
		1	Zip		Country		Certificate of Status Desired	Fee Req	Additional juired	
ļ	6. Name and Address of Curren	it Registere	ed Agent				Name and Address of New Registe	ered Agent		
LOCTED	DOLAND I		· · · · · · · · ·	·* +** ;	Name:	<del></del>	المراجعين المعاملية	4.5		
1	, roland J. Ndiantown road		Street Addr			s (P.O. Box Number is Not Acceptable)				
JUPITER	FL 33458						<del></del>			
					City			FL Zip C	Code	
8. The above the obliga	re named entity submits this statement fations of registered agent.	for the purp	ose of changing its	register	ed office or registe	ered ag			ith, and accept	
SIGNATURE										
	Signature, typed or printed name of registered agen	it and title if appl	licable. (NOT	E: Registere	ed Agent signature require	red when re	einstating) C	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing     Trust Fund Contribution.		5.00 May Be ded to Fees	
10.	OFFICERS AND		RS	11.	<del></del> .	 AD	I DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORG IN 11	
TITLE	P		☐ Delete	TITLE			DITIONO/OFFICIALE TO G	Chang	***************************************	
NAME	KOSTER, ROLAND J.			NAME	l l			<b>_</b>	Jo	
STREET ADDRESS CITY-ST-ZIP	1 00 1 01 11 01 11 01 11 1				EET ADDRESS					
	JUPITER FL 33477	<del></del>		City-	-ST-ZIP					
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NAME STREET ADDRESS	KOSTER, SUSAN L.   851 SATURN ST. UNIT F			NAME	ET ADDRESS					
CITY-ST-ZIP	JUPITER FL 33477				-ST-ZIP					
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CITY-ST-ZIP	į			CITY 4	CT_7ID					

12. 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 10 or Block 11 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

January 1/2003 520/147315/

CR2E034 (10)