

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90214 033 ***150.00

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1. Entity Name

1ST MERIDIAN REALTY GROUP, INC.



Principal Place of Business

**120 EAST OAKLAND PARK BLVD STE #105-5
FT LAUDERDALE FL 33334-1106**

Mailing Address

**120 EAST OAKLAND PARK BLVD STE #105-5
FT LAUDERDALE FL 33334-1106**

2. Principal Place of Business

7850 NW 6th Street

3. Mailing Address

7850 NW 6th Street

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

Pembroke Pines, Florida

City & State

Pembroke Pines, Florida

Zip

33024

Country

United States

Zip

33024

Country

United States

4. FEI Number

04-3646369

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Nicole A. John

(NOTE: Registered Agent signature required when reinstating)

4-15-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **JOHN, NICOLE A**
STREET ADDRESS **120 EAST OAKLAND PARK BLVD STE #105-5**
CITY-ST-ZIP **FT LAUDERDALE FL 33334-1106**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7850 NW 6th Street, #101**
CITY-ST-ZIP **Pembroke Pines, Florida 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Nicole A. John

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (954) 983-9005

Date

Daytime Phone #

CR2E034 (10/02)