

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90043 001 ***150.00

DOCUMENT # P98000091435

1. Entity Name

MEAL ENTERPRISES CORP.

Principal Place of Business

7000 WEST PALMETTO PARK ROAD
 SUITE 400
 BOCA RATON FL 33433
 US

Mailing Address

7000 WEST PALMETTO PARK ROAD
 SUITE 400
 BOCA RATON FL 33433-3425
 US

2. Principal Place of Business

9601 COLLINS AVE

Suite, Apt. #, etc.

PH 304

City & State

BAL HARBOUR FL

Zip

33154

Country

U.S.A.

3. Mailing Address

7000 W. PALMETTO PARK RD.

Suite, Apt. #, etc.

200

City & State

BOCA RATON, FL.

Zip

33433

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0872998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
 7000 WEST PALMETTO PARK ROAD
 SUITE 400
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **STEVEN GARELLEK**
 Street Address (P.O. Box Number is Not Acceptable)
7000 W. PALMETTO PARK RD. SUITE 200
 City **BOCA RATON** FL Zip Code **33433**

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 *M Stein*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/00
 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, 2000 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

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | STEIN, SHELDON | |
| STREET ADDRESS | 9601 COLLINS AVENUE, PH 304 | |
| CITY-ST-ZIP | BAL HARBOUR FL 33154 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | STEIN, MIRIAM | |
| STREET ADDRESS | 9601 COLLINS AVENUE, PH 304 | |
| CITY-ST-ZIP | BAL HARBOUR FL 33154 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *M Stein*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00
 Date

Daytime Phone #

CR29034 (9/99)