

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90116 022 ***150.00

DOCUMENT # 573269
1. Entity Name
MEANINGFUL INVESTMENTS CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% JOSIAS & GOREN, P.A.
3099 E. COMMERCIAL BLVD., #200
FT. LAUDERDALE FL 33308

Mailing Address
% JOSIAS & GOREN, P.A.
3099 E. COMMERCIAL BLVD., #200
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1878804

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOREN, SAMUEL S.
3099 E. COMMERCIAL BLVD
#200
FT. LAUDERDALE FL 33308

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PST GREEN, HAROLD**
STREET ADDRESS **2201 NW 30TH PL**
CITY-ST-ZIP **POMPANO BCH FL**

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

TITLE ☐ Delete
NAME **D GREEN, HAROLD**
STREET ADDRESS **2201 NW 30TH PL**
CITY-ST-ZIP **POMPANO BCH FL**

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

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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: **HAROLD GREEN**
DIRECTOR
Typed or printed name of signing officer or director

APRIL 15, 2002 **(416) 486-4270**
Date Daytime Phone #

CR2E034 (9/01)