

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

0008776

DOCUMENT # 737277

1. Entity Name

MEDITATION UNLIMITED, INC.



Principal Place of Business

**50 NW 198TH ST
MIAMI FL 33169
US**

Mailing Address

**50 NW 198 ST
MIAMI FL 33169
US**

FILED

04 JUL -7 AM 10:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1754182**

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

**RAPPAPORT, DOTTIE
12500 CALSSIC DRIVE
CORAL SPRINGS FL 33071**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **TORLONE, DOROTHY**
CITY-ST-ZIP **50 NW 198TH ST
MIAMI FL 33169**

☐ Change ☐ Addition
000039575030
07/27/04--01073--004 **\$61.25

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **HALL, WILLIAM**
CITY-ST-ZIP **5930 N FARAGAT STREET
HOLLYWOOD FL 33021**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **RAPPAPORT, DOTTIE**
CITY-ST-ZIP **12500 CLASSIC DRIVE
CORAL SPRINGS FL 33071**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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:

Signed by DOTTIE RAPPAPORT 6/21/04 654755-9909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)