

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 10 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010465
AT

DOCUMENT # **A30456**

1. Entity Name

MEISTER FINANCIAL MORTGAGE FUND, LTD.

Principal Place of Business

Mailing Address

**951 N.E. 167TH STREET
SUITE 204
MIAMI FL 33162**

**951 N.E. 167TH STREET
SUITE 204
MIAMI FL 33162**



2. Principal Place of Business

3. Mailing Address

801 NE 167 STREET

801 NE 167 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SECOND FLOOR

SECOND FLOOR

City & State

City & State

N. MIAMI BCH, FL

N. MIAMI BCH, FL

Zip
33162

Country
USA

Zip
33162

Country
USA

4. FEI Number

65-0222146

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEISTER, STEVEN
951 NE 167TH STREET
SUITE 204
MIAMI FL 33162**

Name

STEVEN MEISTER

Street Address (P.O. Box Number is Not Acceptable)

801 NE 167 STREET

SECOND FLOOR

City

N. MIAMI BCH

FL

Zip Code

33162

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

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

STEVEN MEISTER

4-7-02

DATE

9. Capital Contributions as Shown on record.

\$8,914,319.60

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MEISTER, STEVEN	951 NE 167TH ST. STE 204	MIAMI FL

STREET ADDRESS	CITY-ST-ZIP
801 NE 167 STREET, SECOND FLOOR	N. MIAMI BCH, FL 33162

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*****526.25 ***526.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-7-02 305-653-2400

Date

Daytime Phone #

CR2E003 (9/01)