

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 10 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000815

1. Entity Name

MEISTER FINANCIAL MORTGAGE INVESTMENT TRUST, LTD

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

801 NE 167TH STREET

3. Mailing Address

801 NE 167TH STREET

Suite, Apt. #, etc.

SECOND FLOOR

Suite, Apt. #, etc.

SECOND FLOOR

City & State

N. MIAMI BCH, FL

City & State

N. MIAMI BCH, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

65-0536102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEISTER, STEVEN
951 NE 167TH ST.
SUITE 204
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name

STEVEN MEISTER

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

801 NE 167TH 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

DATE

4-7-02

9. Capital Contributions
as Shown on record.

\$8,931,865.90

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

DOCUMENT #
NAME MEISTER, STEVEN
STREET ADDRESS 951 N.E. 167TH STREET, SUITE 204
CITY-ST-ZIP MIAMI FL 33162

13. ADDRESS CHANGES ONLY

STREET ADDRESS 801 NE 167TH STREET, 2ND FLOOR
CITY-ST-ZIP N. MIAMI BCH, FL 33162

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CITY-ST-ZIP

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)