

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017411 AT

**DOCUMENT # B97000000192**

1. Entity Name  
**M.E.K. CONSTRUCTION, LTD.**

FILED  
02 JAN 15 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>9203 THOMASVILLE RD. HOUSTON TX 77064</b>	Mailing Address <b>9203 THOMASVILLE RD. HOUSTON TX 77064</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**DUE BY MAY 1, 2002**

4. FEI Number **76-0525159**

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. <b>\$200,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 STREET ADDRESS CITY-ST-ZIP	<b>KOSSOW, MICHAEL E 7114 RANCHO MIRAGE HOUSTON TX 77069</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>KOSSOW, MIKE W 13411 PINNACLE PLACE HOUSTON TX 77069</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>PULLIG, RONALD D 16309 JERSEY DRIVE HOUSTON TX 77040</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F97000002006 M.E.K. MANAGEMENT, INC. 9203 THOMASVILLE RD. HOUSTON TX</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500004782435-9</b>
CITY-ST-ZIP	<b>-01/17/02--01066--010 ****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 Required* **SIGNATURE REQUIRED** 1-10-02 291-469-3328  
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (9/01)