2002 UNIFORM BUSINESS REPORT (UBR)

2002	2 Uniform Bu	siness repo	RT (UBR)		FILED 2002 8:00	ı am	
DOCUMENT # F9800005394 1. Entity Name					Apr 15, 2002 8:00 am Secretary of State		
MEB PRO	OPERTIES, INC.			04-13-200	12 90032 029 ****150.00	J	
•	ce of Business	Mailing Address					
19669A BEAC JUPITER ISLA	=	19669A BEACH RD JUPITER ISLAND FL 3346	JUPITER ISLAND FL 33469		44111 bank 44111 \$4111 BANK BANK IN		
2. Principal F	Place of Business	3. Mailing Address	·				
Suite, Apt. #, etc. 212 CORAL CAY TERRACE		Suite, Apt. #, etc. 5 212 CORAL CAY	212 CORAL CAY TERRACE		DO NOT WRITE IN THIS SPACE		
City & State City & State City & State PALM BEACH GARDENS, FL 33 9 18 PALM BE			SARDENS, F	4. FEI Number 54-158	271/ 	pplied For ot Applicable	
334		33418	Country V.S.A.		Fee Require		
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of	New Registered Agent		
BOYKIN, LYKES M Street Addre				(P.O. Box Number is Not Acceptable)			
JUPITER ISLAND FL 33469			212 Co	RAL CAY TE		te le	
8 The above	e named entity submits this statement	t for the ournose of changing its	registered office or regi	Stered agent or both in the State	FL Zip Cod	2/8	
Tax filing r	Signature, typed or printed name of registered agoration is eligible to satisfy its Intangi requirement and elects to do so, ria on back)	ble FILE NOW! After May 1, 200	E: Registered Agent signature req !! FEE IS \$150.00 D2 Fee will be \$550.0 ole to Department of	10. Election Campa Trust Fund Cont	·	OO May Be	
11.		ND DIRECTORS	12.		O OFFICERS AND DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BOYKIN, LYKES M 19669A BEACH RD JUPITER ISLAND FL 33469	Delete	TITLE NAME STREET ADDRESS 21 CITY-SI-ZIP	2 CORAL CAP T LM BEACH GARA	DChange ERRACE ENS, FL 339	Addition	
TITLE NAME	STD BOYKIN, MAXINE E	☐ Delete	TITLE		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	19669A BEACH RD JUPITER ISLAND FL 33469		STREET ADDRESS 2/ CITY-ST-ZIP PA	LM BEACH GAR	BENS, FL 33	1418	
TITLE NAME STREET ADDRESS	VD Boykin, Ronald D 3412 N. Randolph St	Delete	NAME STREET ADDRESS / 2	TO S. WAS HINGT	ON STI- APT. 4	,	
CITY-ST-ZIP TITLE	ARLINGTON VA 22207	☐ Delete	CITY-ST-ZIP A2	EXANDRIA, VA	223/4 Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		□ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		C] Delete	TITLE NAME	 	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
indicated of the cor	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres	t is true and accurate and that managed the true and that managed to execute this report is	ny signature shall have t	he same legal effect as if made ι	inder oath; that I am an officer	r or director	