

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000309

1. Entity Name
MEISTER ELECTRONICS, L.C.

FILED

00 JAN 12 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4801 GEORGE ROAD #120
TAMPA FL 33634

Mailing Address
4801 GEORGE ROAD #120
TAMPA FL 33634-6200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3313449

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIFF, GORDON J
400 N. TAMPA STREET
TAMPA FL 33602

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM PH HOLDINGS, L.C. ☐ Delete
STREET ADDRESS 712 CORAL REEF DRIVE
CITY- ST- ZIP TAMPA FL 33602

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003103700--5
CITY- ST- ZIP -01/20/00--01013--019
*****50.00 *****50.00

TITLE NAME MEM MEISTER, FRITZ E ☐ Delete
STREET ADDRESS 712 CORAL REEF DRIVE
CITY- ST- ZIP TAMPA FL 33602

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

J.J.H.M. van Starrenburg 05Jan00 (813)886-7797

CT 13083 (9/99)