
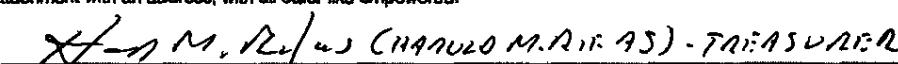


# 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> M53012			
<b>1. Entity Name</b> CARISAM-SAMUEL MEISEL (FL), INC.			
<b>Principal Place of Business</b> 6691 BAYMEADOW DRIVE GLEN BURNIE, MD 21060 US		<b>Mailing Address</b> 6691 BAYMEADOW DRIVE GLEN BURNIE, MD 21060 US	
<b>2. Principal Place of Business</b> 10900 N.W. 27TH ST. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 10900 N.W. 27TH ST. Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL	
<b>4. FEI Number</b> 742478978		<b>Applied For</b> Not Applicable	
<b>Zip</b> 33172		<b>Country</b> MIAMI-DADE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> THE PRETICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		<b>7. Name and Address of New Registered Agent</b> <b>Name</b> HAROLD RIFAS <b>Street Address (P.O. Box Number is Not Acceptable)</b> 7900 RED ROAD, SUITE 9 <b>City</b> MIAMI <b>FL</b> <b>Zip Code</b> 33143	
<b>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.</b>			
<b>SIGNATURE</b>  HAROLD M. RIFAS		<b>DATE</b> 8/23/01	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> VD <input type="checkbox"/> Delete	<b>NAME</b> GRANEK, DAVID	<b>TITLE</b> PRESIDENT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 100004571961--3
<b>STREET ADDRESS</b> 3745 SPRING LANE LN	<b>CITY-ST-ZIP</b> OWINGS MILLS, MD	<b>STREET ADDRESS</b> -09/06/01--01031--019	<b>CITY-ST-ZIP</b> *****61.25 *****61.25
<b>TITLE</b> VSD <input checked="" type="checkbox"/> Delete	<b>NAME</b> KEARNEY, JOSEPH	<b>TITLE</b> SECRETARY/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> CROWLEY, MARY
<b>STREET ADDRESS</b> 30 OVERLOOK DR.	<b>CITY-ST-ZIP</b> DANBURY, CT 06811	<b>STREET ADDRESS</b> 10900 N.W. 27TH ST.	<b>CITY-ST-ZIP</b> MIAMI, FL 33172
<b>TITLE</b> PASD <input checked="" type="checkbox"/> Delete	<b>NAME</b> BOSQUEZ, RAMON	<b>TITLE</b> ASST.SEC./TREASURER/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> RIFAS, HAROLD
<b>STREET ADDRESS</b> 2901 BOSTON STREET	<b>CITY-ST-ZIP</b> BALTO., MD	<b>STREET ADDRESS</b> 7900 RED ROAD, SUITE 9	<b>CITY-ST-ZIP</b> MIAMI, FL 33143
<b>TITLE</b> VT <input checked="" type="checkbox"/> Delete	<b>NAME</b> HINKLE, KENNETH II	<b>TITLE</b> ASST.SEC./TREASURER/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> SENGLMANN, PETER
<b>STREET ADDRESS</b> 161 OAK HILLS DR	<b>CITY-ST-ZIP</b> HANOVER, PA	<b>STREET ADDRESS</b> 10900 N.W. 27TH STREET	<b>CITY-ST-ZIP</b> MIAMI, FL 33172
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b>  HAROLD M. RIFAS - TREASURER		<b>DATE</b> 8/23/01 <b>Daytime Phone #</b> 305-662-8814	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

FILED  
01 AUG 22 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CFR2E034 (11/00)