

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # M53012

1. Entity Name
CARISAM-SAMUEL MEISEL (FL), INC.



Principal Place of Business
10900 N.W. 27TH ST.
MIAMI, FL 33172 US

Mailing Address
10900 N.W. 27TH ST.
MIAMI, FL 33172 US



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2478978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIFAS, HAROLD
7900 RED ROAD, STE. 9
MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRANEK, DAVID
STREET ADDRESS 10900 NW 27 STREET
CITY-ST-ZIP MIAMI, FL 33172

TITLE TD
NAME SENGELMANN, PETER
STREET ADDRESS 10900 NW 27TH STREET
CITY-ST-ZIP MIAMI, FL 33172

TITLE VPSD
NAME RIFAS, HAROLD
STREET ADDRESS 7900 RED RD., STE. 9
CITY-ST-ZIP MIAMI, FL 33143

TITLE AST
NAME MARTELL, ALBERT
STREET ADDRESS 10900 NW 27TH ST.
CITY-ST-ZIP MIAMI, FL 33172

TITLE VPS
NAME PADILLA, IVAN
STREET ADDRESS 10900 NW 27TH STREET
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000793413
01/25/08-80008-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harold M. Rifas HAROLD M. RIFAS 1/5/08 305-662-8814