

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116850

1. Entity Name

MEATRA, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90126 006 ***150.00

Principal Place of Business

100 WEST CYPRESS CREEK ROAD
SUITE 700
FORT LAUDERDALE FL 33309

Mailing Address

100 WEST CYPRESS CREEK ROAD
SUITE 700
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3020 N. Military Trail

3. Mailing Address

3020 N. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

275

275

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

Country

33431

USA

Zip

Country

33431

USA

4. FEI Number

65-1063862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLODIG, GREGORY J ESQ.
GREENSPOON MARDER HIRSCHFIELD RAKIN, P.A.
100 WEST CYPRESS CREEK ROAD SUITE 700
FORT LAUDERDALE FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS GOERTZ, HERBERT P
CITY-ST-ZIP 100 WEST CYPRESS CREEK ROAD SUITE 700
FORT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS HERBERT P. GOERTZ
CITY-ST-ZIP 3020 N. Military Trail #275
BOCA RATON, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

561-988-8799

Daytime Phone #

CR2E034 (10/00)