FILED
Jun 18, 2003 8:00 am
Secretary of State
05-05-2003 91891 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000010427

1. Entity Name
MEREDAN REALTY, INC.

(2)

55048959

Principal Place of Business	Mailing Address
1625 N COMMERCE PARKWAY STE 2256 WESTON, FL 33326	1625 N COMMERCE PARKWAY STE 2256 WESTON, FL 33326

[redacted]

2. Principal Place of Business	3. Mailing Address
1625 N. Commerce PKwy	1625 N. Commerce PKwy.
Suite, Apt. #, etc. Ste. 225	Suite, Apt. #, etc. Ste. 225
City & State Weston, FL	City & State Weston, FL
Zip 33326 Country	Zip 33326 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 80-0030465 ☐ 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
SHAPIRO, MEREDITH 1625 N COMMERCE PARKWAY STE 2256 WESTON, FL 33326	Name Street Address (P.O. Box Number is Not Acceptable) 1625 N. Commerce PKWY. Suite 225 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ✓ MeredEd Shapiro ✓ 4-30-03
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, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, MEREDITH 1625 N COMMERCE PARKWAY STE 2256 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1625 N. Commerce PKWY. Ste 225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ MeredED Shapiro ✓ 4-30-03 ✓ 954-815-8383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #