

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000023052

1. Entity Name

TCG MERIDIAN WEST, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2937 SW 27 Avenue

3. Mailing Address
2937 SW 27 Avenue

Suite, Apt. #, etc.
Suite 303

Suite, Apt. #, etc.
Suite 303

City & State
Coconut Grove, Florida

City & State
Coconut Grove, Florida

4. FEI Number
02-0573067

Applied For
Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

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

DO NOT WRITE IN THIS SPACE

03

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Brian J. McDonough

Street Address (P.O. Box Number is Not Acceptable)
2200 Museum Tower

150 West Flagler Street

City
Miami

FL

Zip Code
33130

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
Lloyd J. Boggio
2937 SW 27 Avenue, Ste. 303
Coconut Grove, FL 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
Bruce Greer
2937 SW 27 Avenue, Ste. 303
Coconut Grove, FL 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
Luis Gonzalez
2937 SW 27 Avenue, Ste. 303
Coconut Grove, FL 33133

TITLE
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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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/03

CR2E034B (12/02)



CORPORATION SERVICE COMPANY™

2052

ACCOUNT NO. : 072100000032

REFERENCE : 911170 4311473

AUTHORIZATION :

Patricia Pizot

COST LIMIT : \$ 158.75

ORDER DATE : January 29, 2003

ORDER TIME : 10:48 AM

ORDER NO. : 911170-005

CUSTOMER NO: 4311473

CUSTOMER: Jackie Gerstenfeld, Paralegal
Stearns Weaver Miller
Museum Tower, Suite 2200
150 West Flagler Street
Miami, FL 33130

ANNUAL REPORT FILING

RECEIVED
03 JAN 29 AM 11:52
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: TCG MERIDIAN WEST, INC.

FILE 1ST

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ginger Simmons-EXT#1139

EXAMINER'S INITIALS: _____