

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90081 003 ***550.00

DOCUMENT # P02000061957

1. Entity Name
MERIMAC OF FLORIDA, INC.



Principal Place of Business
**2569 BAY POINTE DR.
WESTON FL 33327**

Mailing Address
**2569 BAY POINTE DR.
WESTON FL 33327**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0620888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SARROW, JEFFREY A ESQ.
300 SOUTH PINE ISLAND RD., STE.304
PLANTATION FL 33324**

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

SIGNATURE _____ (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 ☐ Delete
NAME **D**
STREET ADDRESS **VEBERSKY, LAURA**
CITY-ST-ZIP **2485 PROVENCE CIRCLE
WESTON FL 33327**

TITLE ☐ Change ☐ Addition
NAME **ZEBERSKY LAURA**
STREET ADDRESS **2485 PROVENCE CIRCLE**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COHEN, MATTHEW**
CITY-ST-ZIP **698 12TH RD.
BOCA RATON FL 33486**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

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 agreement with all other like empowered.

SIGNATURE: _____

MATTHEW A. COHEN

08/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)