

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

03-27-2003 90116 001 ***150.00

00000441

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000123715			
1. Entity Name WEST MEADE MANAGEMENT, INC.			
Principal Place of Business C/O 701 BRICKELL AVENUE SUITE 2525 MIAMI, FL 33131		Mailing Address C/O 701 BRICKELL AVENUE SUITE 2525 MIAMI, FL 33131	
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 32-0043134	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDBAUER, ROGER C/O 701 BRICKELL AVENUE SUITE 2525 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
		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 appointing)			
DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	☐ Change ☒ Addition
NAME	FRIEDBAUR, BARBARA	NAME	Roger Friedbauer
STREET ADDRESS	C/O 701 BRICKELL AVENUE, SUITE 2525	STREET ADDRESS	C/O 701 Brickell Ave Ste 2525
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami FL 33131
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	FRIEDBAUR, ELISE A	NAME	
STREET ADDRESS	C/O 701 BRICKELL AVENUE, SUITE 2525	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 address, with all other like empowered.			
SIGNATURE: Roger Friedbauer		Date: 3/26/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 536-1425	

CR2E034 (10/02)