

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90228 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000132947

1. Entity Name

MESHKIN CORP.



DO NOT WRITE IN THIS SPACE

90027062

2. Principal Place of Business
6801 HARDING AVE.

Suite, Apt. #, etc.
SUITE 511

City & State
MIAMI BEACH, FL

Zip
33141

Country
USA

3. Mailing Address
P.O.B. 43164 SHEPPARD CENTER

Suite, Apt. #, etc.
4841 YONGE ST.

City & State
NORTH YORK, ONTARIO

Zip
M2NGN1

Country
CANADA

4. FEI Number
32-0048508

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MARYAM MESHKIN

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

6801 HARDING AVE STE 511

City
MIAMI BEACH

FL

Zip Code
33141

**DO NOT WRITE
IN THIS SPACE**

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

MARYAM MESHKIN

02-04-03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MARYAM MESHKIN
6801 HARDING AVE STE 511
MIAMI BCH 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 all other like empowered.

SIGNATURE:

MARYAM MESHKIN

02-04-03

305-494-9716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)