

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90056 010 ***150.00

DOCUMENT # P92000013755

1. Entity Name

MEATRA-AMERICA, INC. *HostLogic America, Inc*

Principal Place of Business

Mailing Address

~~1515 S FEDERAL HWY~~
~~STE 103~~
~~BOCA RATON FL 33432~~
~~US~~

~~1515 S FEDERAL HWY~~
~~STE 103~~
~~BOCA RATON FL 33432-7404~~
~~US~~

2. Principal Place of Business

3651 Florida Atlantic Blvd *Same*

3. Mailing Address

Same

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

4. FEI Number

65-0376320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOERTZ, HERBERT
1515 S FEDERAL HWY
STE 103
BOCA RATON FL 33432

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **GOERTZ, HERBERT P**
 STREET ADDRESS ~~1515 S FEDERAL HWY~~ *3651 Florida Atlantic Blvd*
 CITY-ST-ZIP ~~BOCA RATON FL 33432~~ *Suite 200 Boca Raton, FL 33431*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00

561-446-7412

CR2E034 (9/99)