

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001103

1. Entity Name

MESHNICK MORTGAGE CORP.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90307 027 \*\*\*150.00

Principal Place of Business

Mailing Address

1440 SW 15TH ST.  
BOCA RATON FL 33486

1440 SW 15TH ST  
BOCA RATON FL 33486-6529  
US

2. Principal Place of Business

3. Mailing Address

**NEW ADDRESS**

**NEW ADDRESS**

Suite  
**7173 MONTRICO DRIVE**  
City & State **BOCA RATON FL 33433**

Suite  
**7173 MONTRICO DRIVE**  
City & State **BOCA RATON FL 33433**

Zip

Country

Zip

Country

4. FEI Number **65-0457438**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, KENNETH M  
MOODY & JONES PA  
1333 S UNIVERSITY DR SUITE 201  
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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
MESHNICK, HARVEY I  
1440 SW 15TH ST  
BOCA RATON FL 33486  
**NEW ADDRESS**  
**7173 MONTRICO DRIVE**  
**BOCA RATON FL 33433**

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 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 #

1-11-2000 561368-0020

CR2E034 (9/99)