2001 UNIFORM BUSINESS REPORT (UBR)

May 09, 2001 8:00 am Secretary of State DOCUMENT # P9600056162 1. Entity Name MEG ONE SOUTH BEACH LIMITED, INC. 05-09-2001 90007 015 ***150.00 Mailing Address Principal Place of Business 2404 HOLLYWOOD BLVD. 2404 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0704734 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DELL, STEVEN JAY Street Address (P.O. Box Number is Not Acceptable) 2404-HOLLYWOOD-BLVD-HOLLYWOOD FL 33020 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition **PVST** ☐ Delete TITLE TITLE DELL, MERYL NAME NAME STREET ADDRESS 2404 HOLLYWOOD BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete TITLE Change □ Addition ח TITLE NAME DELL, MERYL NAME STREET ADDRESS STREET ADDRESS 2404 HOLLYWOOD BLVD. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Change ☐ Defete TITLE TITLE VD NAME **DELL, STEVEN JAY** NAME STREET ADDRESS STREET ADDRESS 2404 HOLLYWOOD BLVD. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

IGNATURE AND TYP

FILED