## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** May 10, 2002 8:00 am Secretary of State **DOCUMENT #** P96000056162 1. Entity Name MEG ONE SOUTH BEACH LIMITED, INC. 05-10-2002 90042 041 \*\*\*150.00 Principal Place of Business Mailing Address 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 City & State City & State 4. FEI Number Applied For 65-0704734 Not Applicable Zip Country Zip Country \$8.75 Additional 5.\_Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELL, STEVEN JAY Street Address (P.O. Box Number is Not Acceptable) 2404 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 City Zin 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVST** ☐ Delete TITLE ☐ Change ☐ Addition NAME DELL, MERYL NAME STREET ADDRESS 2404 HOLLYWOOD BLVD. STREET ADDRESS CITY-ST-ZIF HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DELL, MERYL NAME STREET ADDRESS 2404 HOLLYWOOD BLVD. STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33020 CITY-ST-7IP TITLE VD ☐ Delete TITLE ☐ Change Addition NAME DELL, STEVEN JAY NAME STREET ADDRESS 2404 HOLLYWOOD BLVD. STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 of trustee empowered to execute this report at required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachme

ICER OR DIRECTOR

CR2E034 (9/01)