

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000084341**

1. Entity Name

MERISTEM MANAGEMENT SERVICES, INC.**FILED****May 16, 2000 8:00 am**
Secretary of State

05-16-2000 90170 025 ***150.00

Principal Place of Business

6450 SOUTHWEST 81 STREET
POMPANO BEACH FL 33064
US

Mailing Address

4141 N E 13TH AVENUE
POMPANO BEACH FL 33064-6040
US

2. Principal Place of Business

6450 SW 81 STREET
Suite, Apt. #, etc.

3. Mailing Address

6450 SW 81 STREET
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33143

Country

US

Zip

33143

Country

US

4. FEI Number

65-0784133

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MASLER, CARLA
3450 S.E. 81ST.
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

CARLA HASLER

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

3450 SE 81ST STREET

City

MIAMI

FL

Zip Code

33134

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HASLER, DAVID
6450 SOUTHWEST 81 STREET
MIAMI FL 33143 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HAASE, JOHN R
4141 NE 13TH AVE
POMPANO BCH FL 33064 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

DAVID HASLER

4/25/00

Date

305 500 5866

Daytime Phone #

CR2E034 (9/99)