

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P970000084341**

1. Entity Name

Meristem Management Services, Inc ✓

Principal Place of Business

Mailing Address

**6450 S.W. 81st Street
Miami, FL 33143-7910**

2. Principal Place of Business

6498 Buena Vista Dr.

Suite, Apt. #, etc.

3. Mailing Address

6498 Buena Vista Dr.

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Margate, FL

4. FEI Number

650784133

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA5. 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

Name

John R. HAASE

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

6498 Buena Vista Dr.

City

Margate**FL**

Zip Code

33063

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

John R. Haase

(NOTE: Registered Agent signature required when reinstating)

Apr 30, 20019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!!
After MAY 1, 2001
Make Check Payable
to Department of State****FEE IS \$150.00
Fee will be \$550.00**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
President	David Hasler	6450 S.W. 81st Street	Miami, FL 33063	☒

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☒ Addition
President	John R. HAASE	6498 Buena Vista Dr.	Margate FL 33063	☐	☒

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

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

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

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

TITLE	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 is 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

RELATIONSHIP

John R. Haase (John R. HAASE)**Apr 30, 2001**

DATE

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91156 041 ***150.00

00056009

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)