

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000023116**1. Entity Name
MEAGAN'S PLACE, INC.

Principal Place of Business

4238 SW 152ND AVE

MIAMI
33185

FL

US

Mailing Address

4238 SW 152ND AVE

MIAMI
33185

FL

US

2. Principal Place of Business

6851 MAIN STREET

3. Mailing Address

14341 LEANING PINE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES

FL

City & State

MIAMI LAKES

FL

Zip
33014Country
USZip
33014Country
US

4. FEI Number

65-0818597

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES

33134

US

FL

7. Name and Address of New Registered Agent

Name

SABO LUCILLE M

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

3711 SW 105 COURT

City
MIAMI

FL

Zip Code
33165

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 **LUCILLE M. SABO**

09/08/2001

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, 2001 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

TITLE VTD ☐ Delete
NAME THOMPSON PATRICIA L
STREET ADDRESS 14311 LEANING PINE DRIVE
CITY-ST-ZIP MIAMI LAKES FL 33014TITLE P ☐ Delete
NAME SABO SANDRA L
STREET ADDRESS 4238 SW 152 AVE
CITY-ST-ZIP MIAMI FL 33185TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P ☒ Change ☐ Addition
NAME SABO SANDRA L
STREET ADDRESS 6851 MAIN STREET
CITY-ST-ZIP MIAMI LAKES FL 33014TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Sandra Sabo**

P

09/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)