

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091435

1. Entity Name

MEAL ENTERPRISES CORP.

FILED

Mar 28, 2000 8:00 am  
Secretary of State

03-28-2000 90043 001 \*\*\*150.00

Principal Place of Business

7000 WEST PALMETTO PARK ROAD  
SUITE 400  
BOCA RATON FL 33433  
US

Mailing Address

7000 WEST PALMETTO PARK ROAD  
SUITE 400  
BOCA RATON FL 33433-3425  
US

2. Principal Place of Business

9601 COLLINS AVE

3. Mailing Address

7000 W. PALMETTO PARK RD.

Suite, Apt. #, etc.

P.H. 304

Suite, Apt. #, etc.

200

City & State

City & State

BAL HARBOUR FL

BOCA RATON, FL.

Zip

33154

Country

U.S.A.

Zip

33433

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0872998

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN  
7000 WEST PALMETTO PARK ROAD  
SUITE 400  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

STEVEN GARELLEK

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

7000 W. PALMETTO PARK RD. SUITE 200

City

BOCA RATON

FL

Zip Code

33433

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

M Stein

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/00

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 State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME STEIN, SHELDON  
STREET ADDRESS 9601 COLLINS AVENUE, PH 304  
CITY-ST-ZIP BAL HARBOUR FL 33154 ☐ Delete

TITLE ST  
NAME STEIN, MIRIAM  
STREET ADDRESS 9601 COLLINS AVENUE, PH 304  
CITY-ST-ZIP BAL HARBOUR FL 33154 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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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

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

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

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TITLE  
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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 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:

M Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

Daytime Phone #

CR2F034 (9/99)