From: Doris Szczepkowski 954-927-0820 To: Nicole Saunders-Meske Date: 4/30/2003 1

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May 05, 2003 8:00 am
Secretary of State
05-05-2003 90247 035 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007767

1. Entity Name
SAUNDERS-MESKE, P.A.

Principal Place of Business	Mailing Address
1740 CORAL WAY MIAMI, FL 33145	1740 CORAL WAY MIAMI, FL 33145

2. Principal Place of Business	3. Mailing Address	
912 Valencia avenue	Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Coral Gables, FL	City & State	
Zip: 33134 Country: USA	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0888081 ☐ Applied For ☐ Not Applicable

5. 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
SAUNDERS-MESKE, THERESA N 1740 CORAL WAY MIAMI, FL 33145	Name: Teresa Nicole Saunders-Meske Street Address (P.O. Box Number Is Not Acceptable): 912 Valencia Ave. City: Coral Gables, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: TNSMeske 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV MESKE-SAUNDERS, TERESA NICOLE 1740 CORAL WAY MIAMI, FL 33145	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV ~~Mrs~~ Saunders-Meske, Teresa Nicole 912 Valencia Ave Coral Gables, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TNSMeske 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #