

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25170

1. Entity Name

MEED SECURITIES CORP.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90083 003 ***150.00

Principal Place of Business

Mailing Address

3589 SOUTH OCEAN BLVD.
SUITE 514
PALM BEACH FL 33480

3589 SOUTH OCEAN BLVD.
SUITE 514
PALM BEACH FL 33480-6408

00014330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0271548**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

BLAU, ERIC K.
3589 SOUTH OCEAN BOULEVARD
SUITE 514
PALM BEACH FL 33480

Name

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

City

FL

Zip Code

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 State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE PD ☐ Delete
NAME BLAU, DOROTHY T.
STREET ADDRESS 187 GARTH RD #2C
CITY-ST-ZIP SCARSDALE NY 10583

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

TITLE V ☐ Delete
NAME BLAU, MARK S.
STREET ADDRESS 72 HORATIO ST
CITY-ST-ZIP NEW YORK NY 10014

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

TITLE ST ☐ Delete
NAME BLAU, ERIC K.
STREET ADDRESS 3589 SOUTH OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Additi
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CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eric K. Blau ST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00
Date

561672461
Daytime Phone #