

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90027 037 ***150.00

DOCUMENT # 663970

1. Entity Name
MERIDIAN IMPORT/EXPORT, INC.

Principal Place of Business
**1035 N W 6 TERRACE
 BOCA RATON FL 33486**

Mailing Address
**1035 N W 6 TERRACE
 BOCA RATON FL 33486**

2. Principal Place of Business
19620 S. BuckHill RD
 Suite, Apt. #, etc.

3. Mailing Address
19620 S. BuckHill RD.
 Suite, Apt. #, etc.

City & State
CLERMONT, FLORIDA
 Zip Country
34711

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CLERMONT, FLORIDA
 Zip Country
34711

4. FEI Number **59-2358055** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERTUCCI, JOSIE C
 1035 N W 6 TERR
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D <input type="checkbox"/> Delete
NAME	BERTUCCI, VINCENT J A
STREET ADDRESS	1035 N W 6 TERR
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	DVS <input type="checkbox"/> Delete
NAME	BERTUCCI, JOSIE C
STREET ADDRESS	1035 N W 6 TERR
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTUCCI, VINCENT S.
STREET ADDRESS	19620 S. BuckHill RD.
CITY-ST-ZIP	CLERMONT, FL. 34711
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: VINCENT S. BERTUCCI Date: 4-30-2002 Daytime Phone #: 352-596-9688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)