

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000004229**

1. Entity Name
MEPS, LLC

FILED

01 AUG 15 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business : **2100 SOUTH OCEAN LANE. #1512
POINT OF AMERICAS I
FORT LAUDERDALE FL 33316**

Mailing Address **2100 SOUTH OCEAN LANE. #1512
POINT OF AMERICAS I
FORT LAUDERDALE FL 33316**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE EAST BROWARD BLVD
Suite, Apt. #, etc. **700**

3. Mailing Address
ONE EAST BROWARD BLVD
Suite, Apt. #, etc. **SUITE 700**

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE, FL

Zip Country
33301 USA

Zip Country
33301 USA

4. FEI Number
65-0999073

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

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-08/21/01--01015--014
*******50.00 *****50.00**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER HARRY J. BENEDICT, MGR 2100 S. OCEAN LANE #1512 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER JOYCE W. BENEDICT, MGR 2100 S. OCEAN LANE #1512 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **REQUIRED** **7/2/01 (954) 713-8017**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)