

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90169 033 \*\*\*150.00

**DOCUMENT # P98000001868**

1. Entity Name

**MERIDIAN CREDIT CORP.**

Principal Place of Business

Mailing Address

13200 CRISA DR  
 PALM BEACH GARDENS FL 33410

PO BOX 8842  
 CORAL SPRINGS FL 33075-8842

2. Principal Place of Business

9724 W. Sample Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

4. FEI Number

65-0807180

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRONZAGLIA, MATTHEW D**  
 13200 CRISA DR  
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

**Fronzaglia, Matthew D.**

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

9724 W. Sample Road

City

Coral Springs

FL

Zip Code  
 33065

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 Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	P, S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	FRONZAGLIA, MATTHEW D	NAME	Fronzaglia, Matthew D
STREET ADDRESS	PO BOX 8842	STREET ADDRESS	9724 W. Sample Road
CITY-ST-ZIP	CORAL SPRINGS FL 33075	CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 12, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Matthew D. Fronzaglia**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Matthew D. Fronzaglia* 2/2/2000 (954) 752-567