2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **663970** 1. Entity Name MERIDIAN IMPORT/EXPORT, INC. 05-01-2000 90426 006 ***150.00 Principal Place of Business Mailing Address 1035 N W 6 TERRACE 1035 N W 6 TERRACE BOCA RATON FL 33486-3455 **BOCA RATON FL 33486** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2358055 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERTUCCI, JOSIE C Street Address (P.O. Box Number is Not Acceptable) 1035 N W. 6 TERR **BOCA RATON FL 33486** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition D Delete TITLE TITLE NAME BERTUCCI, VINCENT J A NAME STREET ADDRESS STREET ADDRESS 1035 N W 6 TERR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 00000** ☐ Change ☐ Addition Delete DVS TITLE TITLE BERTUCCI, JOSIE C NAME STREET ADDRESS STREET ADDRESS 1035 N W 6 TERR CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 00000 ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

S. BERTUCA: 4- 15-09 Sh. Date Daytin