DOCUMENT # . Entity Name MERIDIAN IMPORT/EX	663970 PORT, INC.				May 16, 20 Secretary 05-16-2002 9002	v of Sta	ate
Principal Place of Business 1035 N W 6 TERRACE BOCA RATON FL 33486		Mailing Address 1035 N W 6 TERRACE BOCA RATON FL 33486				11 111 111 111 111 1 	
. Principal Place of Business <u>1962 S. Buck</u> Suite, Apt. #, etc.	HILL RO	3. Mailing Address <u>19620</u> S. Bù Suite, Apt. #, etc.	ick Hill A	<i>Ŋ</i> .	Do not write in th		
City & State	CLORIAN	City & State	Ino int	<b>4.</b> F	El Number 59-2358055		plied For Applicable
	untry	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 Add Fee Required	itional
<u>34711</u> 6. Name and A	Address of Current Re	37 / / / gistered Agent		7. N	ame and Address of New Register		· · · · · · · · · · · · · · · · · · ·
			Name				<u>.</u>
BERTUCCI, JOSIE C 1035 N W 6 TERR	كيمك يحاربه جرمجين الاريسري	به الجريبية الموالية جامع المرجم الموسية المراكل	Street Add	dress (P.O.,B	ox.Number.is.Not Acceptable)	· ····································	•
BOCA RATON FL 33486							_
			City		F	FL Zip Code	•
	ed name of registered agent and		E: Registered Agent signature		ent, or both, in the State of Florida.	.TE	
	ad name of registered agent and o satisfy its Intangible lects to do so.	f title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payal	E: Registered Agent signature III FEE IS \$150.0 102 Fee will be \$55 ble to Department	e required when re 0 i0.00 of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be to Fees
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Signature, typed or printe Signature, typed or printe Signature, typed or printe Signature, typed or printe Signature, typed or printe Tax filing requirement and el (See criteria on back) 11. TITLE NAME D BERTUCCI, VIN 1035 N W 6 TI BOCA RATON, TITLE NAME STREET ADDRESS CITY - ST - ZIP DVS BERTUCCI, JO 1035 N W 6 TI BOCA RATON, TITLE NAME	ad name of registered agent and o satisfy its Intangible lects to do so. OFFICERS AND Di NCENT J A ERR , FL 00000 DSIE C ERR	t title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payal IRECTORS	E: Registered Agent signature III FEE IS \$150.0 002 Fee will be \$55 ble to Department 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	a required when re 0 i0.00 of State AD DEPTO	Instating) DA 10. Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS. CCI VINCENTS. S. Buck Hill RD. 10NT, FL. 34711	Added AND DIRECTORS  C Change  C Change	I to Fees
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