

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

06-07-2000 90444 038 ***150.00

DOCUMENT # **K36620**
 1. Entity Name
MERIDIAN VALLEY CORP.

Principal Place of Business Mailing Address
2455 E. SUNRISE BLVD. MERIDIAN VALLEY CORP.
PENTHOUSE EAST PENTHOUSE EAST
FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALAN RUF
2455 E. SUNRISE BLVD.
PENTHOUSE EAST
PT. LAUDERDALE, FL 33304

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 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 Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PS TED SCHIFF P.O. BOX 1243 MONTAGUE, NJ 07827	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Ted Schiff** **TED SCHIFF, PRESIDENT** 4/4/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment K36620

107166

July 25, 2000

Dept. of State,
P.O. Box 1500
Tallahassee, Fl. 32302

Dear Sir,

Your letter of July 17 was received by Meridian Valley Corp (Ref. K 36620). We do not understand why this application was not filed when it was originally received on May 3. As the supporting documentation indicates, this letter was clearly mailed within the deadline in order to be received in Tallahassee on May 3 by regular mail. Therefore kindly waive the late fee and reinstate the Corporation as soon as possible. Please notify us at Meridian Valley Corp., % Alan Ruff, 2455 E. Sunrise Blvd., Penthouse East, Fort Lauderdale, Fl. 33304, or simply call me at (973) 293-7631.

Thank you for your kind attention.

Sincerely,

Ted Schuff

President,
Meridian Valley Corp.

SENDER: COM

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS

ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEPT. OF STATE
P.O. BOX 1500
TALLAHASSEE, FL.
32302

A. Received by (Please Print Clearly)

B. Day of Delivery

Steven Arnold

C. Signature

X

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-99-M-1789

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$ 0.33

Certified Fee

1.40

Return Receipt Fee
(Endorsement Required)

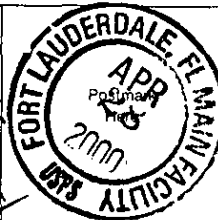
1.25

Restricted Delivery Fee
(Endorsement Required)

-

Total Postage & Fees

\$ 2.98



Name (Please Print Clearly) (to be completed by addressee)

Street, Apt. No., or P.O. Box No.

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions