

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90029 039 ****50.00

DOCUMENT # L00000004748

1. Entity Name

MERIS CAPITAL MANAGEMENT, LLC

Principal Place of Business

**1221 BRICKELL AVENUE, SUITE 1800
 MIAMI FL 33131**

Mailing Address

**1221 BRICKELL AVENUE, SUITE 1800
 MIAMI FL 33131**

2. Principal Place of Business

**2127 BRICKELL AVE
 Suite, Apt. #, etc. 801**

3. Mailing Address

**2127 BRICKELL AVE
 Suite, Apt. #, etc. 801**

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33129

Country

U.S.A.

Zip

33129

Country

U.S.A.

4. FEI Number

65-1005355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM** ☐ Delete
 NAME **ISAIA, DANIEL**
 STREET ADDRESS **1221 BRICKELL AVE. #1800**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MEM** ☒ Delete
 NAME **MERCADO, ENRIQUE**
 STREET ADDRESS **1221 BRICKELL AVE. #1800**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01.24.02

CR2E083 (9/01)