

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91188 026 ****50.00

DOCUMENT # L00000008694

1. Entity Name
IBEX MERIDIAN, LLC

Principal Place of Business

**8600 NW 36TH, SUITE 101
 MIAMI FL 33166**

Mailing Address

**8600 NW 36TH, SUITE 101
 MIAMI FL 33166**

2. Principal Place of Business

3155 NW 82ND AVENUE

Suite, Apt. #, etc.

SUITE #101

City & State

MIAMI FL

Zip
33122

Country
USA

3. Mailing Address

3155 NW 82ND AVENUE

Suite, Apt. #, etc.

SUITE #101

City & State

MIAMI FL

Zip
33122

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1011977**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEL VALLE, IGNACIO G
 4000 INTERNATIONAL PLACE
 100 SE SECOND STREET
 MIAMI FL 33131-9101**

7. Name and Address of New Registered Agent

Name
DEL VALLE, IGNACIO G
 Street Address (P.O. Box Number is Not Acceptable)
4000 INTERNATIONAL PLACE 100SE SECOND STREET
 City **MIAMI** **FL** Zip Code **33131-9101**

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 _____ (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 **MGRM** ☐ Delete
 NAME **JASON, DORAN A**
 STREET ADDRESS **8600 NW 36 ST, STE 101**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **MGRM** ☐ Delete
 NAME **ROSADO, JOSE F**
 STREET ADDRESS **169 MIRACLE MILE, STE R-10**
 CITY-ST-ZIP **MIAMI FL 33146**

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 #

CR2E083 (9/01)