

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90006 043 \*\*\*\*55.00

**DOCUMENT # L00000008694**

1. Entity Name

**IBEX MERIDIAN, LLC**



Principal Place of Business

Mailing Address

**3155 NW 82ND AVENUE  
STE 101  
MIAMI FL 33122**

**3155 NW 82ND AVENUE  
STE 101  
MIAMI FL 33122**

2. Principal Place of Business

3. Mailing Address

**329 Granello Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Coral Gables**

Zip

Country

Zip

**FL**

Country

**33146**

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

7. Name and Address of New Registered Agent

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

**United States Registered Agents, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**329 Granello Avenue**

City **Coral Gables**

**FL**

Zip Code **33146**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JASON, DORAN A 8600 NW 36 ST, STE 101 MIAMI FL 33166</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROSADO, JOSE F 169 MIRACLE MILE, STE R-10 MIAMI FL 33148</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JASON, DORAN A. 3155 NW 82nd Ave # 101 MIAMI, FL 33122</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

**Dwight C. Hewitt**

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

**2/03/03**

**305.592-7606**

Date

Daytime Phone #

0012167

CR2E083 (10/02)