

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90116 004 ****50.00

DOCUMENT # L000000099936

1. Entity Name

MERIDIAN HOME RENTALS, L.L.C.

Principal Place of Business

**501 GOLDEN ISLES DRIVE, SUITE 203D
HALLANDALE FL 33009**

Mailing Address

**501 GOLDEN ISLES DRIVE, SUITE 203D
HALLANDALE FL 33009**

2. Principal Place of Business

400 Leslie Drive

3. Mailing Address

400 Leslie Drive

Suite, Apt. #, etc.

Apt. 202

Suite, Apt. #, etc.

Apt. 202

City & State

Hallandale Beach, FL. Hallandale Beach, FL.

Zip

33009

Country

U.S.

Zip

33009

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1034808

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 **MGRM** ☐ Delete
NAME **JOHN, NICOLE A**
STREET ADDRESS **501 GOLDEN ISLES DRIVE, SUITE 203D**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **MGRM** ☒ Delete
NAME **YANOWITZ, SIDNEY B**
STREET ADDRESS **501 GOLDEN ISLES DRIVE, SUITE 203D**
CITY-ST-ZIP **HALLANDALE FL 33009**

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 **400 Leslie Drive, Apt. 202**
CITY-ST-ZIP **Hallandale Beach, FL. 33009**

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

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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:

Nicole A. John
SIGNATURE REQUIRED

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

4/15/02 (954) 458-3393

Date

Daytime Phone #

CR2E083 (9/01)