

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001285

1. Entity Name

MERIDIAN APPLIED TECHNOLOGY SYSTEMS USA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 11 AM 11:07

Principal Place of Business

4041 POWDER MILL ROAD, SUITE 710
CALVERTON MD 20705

Mailing Address

4041 POWDER MILL ROAD, SUITE 710
CALVERTON MD 20705-4036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 205

Suite, Apt. #, etc.

SUITE 205

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1935813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CURIEL, JOSE IGNACIO
C/O MERIDIAN APPLIED TECHNOLOGY
7855 NW 29TH STREET, SUITE 150
MIAMI FL 33122

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM BILAWA, WILLIAM H ☐ Delete
STREET ADDRESS 4041 POWDER MILL ROAD, SUITE 500
CITY- ST- ZIP CALVERTON MD 20705

TITLE NAME MGRM INNERBICHLER, NICHOLAS ☐ Delete
STREET ADDRESS 4041 POWDER MILL ROAD, SUITE 500
CITY- ST- ZIP CALVERTON MD 20705

TITLE NAME MGRM SCOTT, STERLING C ☐ Delete
STREET ADDRESS 4041 POWDER MILL ROAD, SUITE 510
CITY- ST- ZIP CALVERTON MD 20705

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-19-00 301 937 1240

CR2E083 (9/99)