

2001 UNIFORM BUSINESS REPORT (UBR)

0027150 AF

DOCUMENT # M98000001285

1. Entity Name
MERIDIAN AQUATIC TECHNOLOGY, LLC

FILED

01 FEB 26 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4041 POWDER MILL ROAD, SUITE 710
SUITE 205
CALVERTON MD 20705

Mailing Address
4041 POWDER MILL ROAD, SUITE 710
SUITE 205
CALVERTON MD 20705

2. Principal Place of Business
4041 POWDER MILL RD
Suite, Apt. #, etc.
SUITE 205
City & State

3. Mailing Address
4041 POWDER MILL RD
Suite, Apt. #, etc.
SUITE 205
City & State

4. FEI Number 52-1935813 Applied For Not Applicable

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

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 JOSE CURIEL
Street Address (P.O. Box Number is Not Acceptable)
C/O MERIDIAN AQUATIC TECHNOLOGY
7855 NW 29th St SUITE 150
City MIAMI FL Zip Code 33122

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.

ONLY CHANGE C/O NAME

SIGNATURE _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILAWA, WILLIAM H 4041 POWDER MILL ROAD, SUITE 500 CALVERTON MD 20705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003784285-06 -02/28/01--01011--006 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INNERBICHLER, NICHOLAS 4041 POWDER MILL ROAD, SUITE 500 CALVERTON MD 20705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, STERLING C 4041 POWDER MILL ROAD, SUITE 510 CALVERTON MD 20705 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: WILLIAM H. BILAWA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/15/01 301 937 1240
Date Daytime Phone #

CR2E083 (11/00)