

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90048 016 \*\*\*150.00

**DOCUMENT # P00000040169**

1. Entity Name  
**MERIDIAN/ADV CORP.**

Principal Place of Business  
**C/O ROTH, ROUSSO & BENJAMIN, P.A.**  
**9350 SOUTH DIXIE HWY. PH 2**  
**MIAMI FL 33156**

Mailing Address  
**C/O ROTH, ROUSSO & BENJAMIN, P.A.**  
**9350 SOUTH DIXIE HWY. PH 2**  
**MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3440 HOLLYWOOD BLVD.**

3. Mailing Address  
**3440 HOLLYWOOD BLVD**

Suite, Apt. #, etc.  
**360**

Suite, Apt. #, etc.  
**360**

City & State  
**Hollywood, FL**

City & State  
**Hollywood, FL**

4. FEI Number  Applied For  
 Not Applicable

Zip Country  
**33021 U.S.A.**

Zip Country  
**33021 U.S.A.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTH, LEONARDO A ESQ.**  
**C/O ROTH, ROUSSO & BENJAMIN, P.A.**  
**9350 SOUTH DIXIE HWY. PH 2**  
**MIAMI FL 33156**

Name **ROTH, LEONARDO A, ESQ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3440 HOLLYWOOD BLVD, SUITE 360**  
 City **Hollywood** State **FL** Zip Code **33021**

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 **LEONARDO A. ROTH ESQ** DATE **4-27-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>DEL LLANO, HERNAN PABLO</b>	
STREET ADDRESS	<b>MELJAN 2321, PISO 14, DPT. 1 CIRUDAD,</b>	
CITY-ST-ZIP	<b>DE BUENOS AIRES ARGENTINA</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSEN, DIEGO</b>	
STREET ADDRESS	<b>VIRREY AVILES 2833 PISO 5 TO A CIRUDAD,</b>	
CITY-ST-ZIP	<b>DE BUENOS AIRES ARGENTINA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DIEGO ANDERSON** DATE **4-27-01** DAYTIME PHONE # **954-322-4280**  
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)