

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90069 038 ***150.00

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1. Entity Name
FIRST MERIDIAN INVESTMENT CORP.

Principal Place of Business
**501 GOLDEN ISLES DRIVE
SUITE 203D
HALLANDALE BEACH FL 33009**

Mailing Address
**PO BOX 682
HALLANDALE FL 33008-0682**

11007463



2. Principal Place of Business
9882 E. Bay Harbour Drive

3. Mailing Address

Suite, Apt. #, etc.
1

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Bay Harbour Island, FL

City & State

4. FEI Number **65-1032514**

Applied For
 Not Applicable

Zip
33154

Country
US

Zip

Country

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

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

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANOWITZ, SYDNEY B 501 GOLDEN ISLES DRIVE SUITE 203D HALLANDALE BEACH FL 33009	<input type="checkbox"/> Delete
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/2/03** Daytime Phone # **(954) 931-9924**

CR2E034 (10/02)