

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90409 007 ***150.00

DOCUMENT # P000Q0085544

1. Entity Name

MERIDIAN MAGON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1601 Meridian Ave.

3. Mailing Address
100 Lincoln Rd. #329

Suite, Apt. #, etc.

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City & State
MIami Beach, Fl.

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MIami Beach, Fl.

4. FEI Number
65-1066453

Applied For
Not Applicable

Zip 33139 Country US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lisette Salazar, Esq.

Street Address (P.O. Box Number is Not Acceptable)
240 Crandon Blvd. #266

City Key Biscayne FL 33149

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 date of signature.

(NOTE: Registered Agent signature required when not filing)

4-2-02

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	D Isabel Malatesta	100 Lincoln Rd. #329	Miami Beach, Fl. 33139
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
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TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-2-02 305-423-4450

CR2E034B (12/01)