

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90033 007 ***150.00

DOCUMENT # P01000004199

1. Entity Name
MERIDIAN LIMOUSINE INC.

Principal Place of Business
 300 LAYNE BLVD. APT. 309
 HALLANDALE FL 33009

Mailing Address
 300 LAYNE BLVD. APT. 309
 HALLANDALE FL 33009

963143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1301 NE 7th STREET Suite, Apt. #, etc. APT. 315 City & State HALLANDALE FLORIDA Zip 33009 Country USA		3. Mailing Address 1301 NE 7th STREET Suite, Apt. #, etc. APT. 315 City & State HALLANDALE FLORIDA Zip 33009 Country USA	
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4. FEI Number 65-1068763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAUCA, IOSIF O
 300 LAYNE BLVD. APT. 309
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name IOSIF O. RAUCA	
Street Address (P.O. Box Number is Not Acceptable) 1301 NE 7th STREET APT 315	
City HALLANDALE	FL Zip Code 33009

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 IOSIF RAUCA
 Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/23/02
 DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE D	NAME RAUCA, IOSIF O	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 300 LAYNE BLVD. APT. 309		
CITY-ST-ZIP HALLANDALE FL 33009		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	NAME RAUCA, IOSIF O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1301 NE 7th ST APT. 315		
CITY-ST-ZIP HALLANDALE FL 33009		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CRE034 (9/01)

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: IOSIF RAUCA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02 (954) 914-8085
 Date Daytime Phone #