FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90741 016 ***150.00

90123085

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068044

1. Entity Name

MERIDIAN INFORMATION TECHNOLOGY SERVICES

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 8211 NW 66th TER

Suite, Apt. #, etc.

City & State: TAMARAC, FLORIDA

Zip: 33321 Country: BROWARD

3. Mailing Address: 8211 NW 66th TER

Suite, Apt. #, etc.

City & State: FLORIDA, TAMARAC

Zip: 33321 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1123039 ☐ Applied For ☐ Not Applicable

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: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

8. The above named ... submits th... 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 ... (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT NICK MYKOLAYTCHUK 8211 NW 66th TER. TAMARAC, FL. 33321	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT OLGA MYKOLAYTCHUK 8211 NW 66th TER TAMARAC, FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 Date

Daytime Phone #