


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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90101 029 ***150.00

DOCUMENT # P02000134035 1. Entity Name MERIPUISTO INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1121 S. Military Trail	3. Mailing Address as in 2.
Suite, Apt. #, etc. #143	Suite, Apt. #, etc.
City & State Deerfield Beach	City & State
Zip 33442	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 13-4238114	Applied For <input type="checkbox"/>
	Not Applicable	
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
Name Barry Witlin		
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road		
Suite 230		
City Plantation		
Zip Code FL 33324		

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

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	P/S Fay Joyce Stennett 1121 S. Military Trail #143, DEB, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Janette Stennett 1121 S. Military Trail #143, DEB, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/03

Fay Joyce Stennett P/S

954 304 1614

Date

Daytime Phone #

CR2E034B (12/02)