2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 08:00 AM
Secretary of State

DOCUMENT # **P94000047596**

1. Entity Name
MERIDIAN LAMPS, INC.

Principal Place of Business	Mailing Address
18191 NW 68TH AVE	18191 NW 68TH AVE
MIAMI FL	MIAMI FL
33015	33015

2. Principal Place of Business	3. Mailing Address
	2615 NW 5 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: GAINESVILLE FL
Zip / Country	Zip: 32607 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0502082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AILSTOCK JANET P
18191 NW 68TH AVE
MIAMI FL
33015

7. Name and Address of New Registered Agent

Name: AILSTOCK JANET P
Street Address (P.O. Box Number is Not Acceptable): 2615 NW 5 PLACE
City: GAINESVILLE FL Zip Code: 32607

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 _____ 07/10/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST BLUTH THOMAS M 18191 N.W. 68TH AVENUE MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAPPAPORT DEAN S 18191 N.W. 68TH AVENUE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HERSH ROBERT 18191 NW 68TH AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Robert Hersh DP 07/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #