

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2000 8:00 am****Secretary of State**

02-08-2000 90169 033 ***150.00

DOCUMENT # P98000001868

1. Entity Name

MERIDIAN CREDIT CORP.

Principal Place of Business

Mailing Address

13200 CRISA DR
PALM BEACH GARDENS FL 33410PO BOX 8842
CORAL SPRINGS FL 33075-8842

2. Principal Place of Business

3. Mailing Address

9724 W. Sample Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

4. FEI Number

65-0807180

Not Applicable

Zip
33065Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRONZAGLIA, MATTHEW D
13200 CRISA DR
PALM BEACH GARDENS FL 33410

Name

Fronzaglia, Matthew D.

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

9724 W. Sample Road

City

Coral Springs

FL

Zip Code
33065

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 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS FRONZAGLIA, MATTHEW D
CITY-ST-ZIP PO BOX 8842
CORAL SPRINGS FL 33075TITLE ☒ Change ☐
NAME P, S, D
STREET ADDRESS Fronzaglia, Matthew D
CITY-ST-ZIP 9724 W. Sample Road
Coral Springs, FL 33065TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Matthew D. Fronzaglia

Date

Daytime Phone #

2/2/2000 (954) 752-5577