

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90306 024 \*\*\*150.00

**DOCUMENT # P98000061336**

**1. Entity Name**  
**MERIDIAN INTERNATIONAL INC.**

**Principal Place of Business**

**11220 HERON BAY BLVD**  
**1222**  
**POMPANO BEACH FL 33076**

**Mailing Address**

**11220 HERON BAY BLVD**  
**1222**  
**POMPANO BEACH FL 33076**



**2. Principal Place of Business**

**723 NW 126 Ave**

Suite, Apt. #, etc.

**3. Mailing Address**

**723 NW 126 Ave**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**Carol Springs FL**

**City & State**

**Carol Springs FL**

**4. FEI Number**

**65-0860459**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**33071 USA**

**Zip**

**Country**

**33071 USA**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COUTO, CARL**  
**11220 HERON BAY BLVD**  
**1222**  
**POMPANO BEACH FL 33076**

**7. Name and Address of New Registered Agent**

**Name**  
**Carl Couto**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**723 NW 126 Ave**  
**City**  
**Carol Springs FL**  
**Zip Code**  
**33071**

**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, type 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, 2002 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**

**TITLE**  
**P**  
**NAME**  
**BLEVINS, JEFF**  
**STREET ADDRESS**  
**11220 HERON BAY BLVD #1222**  
**CITY-ST-ZIP**  
**POMPANO BEACH FL 33076**

☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**D**  
**NAME**  
**JEFF Blevins**  
**STREET ADDRESS**  
**723 NW 126 Ave**  
**CITY-ST-ZIP**  
**Carol Springs FL 33071**

☒ Change ☐ Addition

**TITLE**  
**VPST**  
**NAME**  
**COUTO, CARL**  
**STREET ADDRESS**  
**11220 HERON BAY BLVD #1222**  
**CITY-ST-ZIP**  
**POMPANO BEACH FL 33076**

☐ Delete

**TITLE**  
**VPST**  
**NAME**  
**Carl Couto**  
**STREET ADDRESS**  
**723 NW 126 Ave**  
**CITY-ST-ZIP**  
**Carol Springs FL 33071**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-02 954-3459117

CR2E034 (9/01)