

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90022 038 ****70.00

DOCUMENT # 708613

1. Entity Name

MERIDIAN MANOR CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**851 MERIDIAN AVENUE
 MIAMI BEACH FL 33139**

**851 MERIDIAN AVENUE
 MIAMI BEACH FL 33139-0626**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0950327

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WAKSBERG, SIMONE MS
 851 MERIDIAN AVE
 APT. 52
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

WILSON, DAVID

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

851 Meridian Avenue Apt. #31

City

MIAMI BEACH

FL

Zip Code

33139

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 WILSON, DAVID PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

JAN. 22, 2000

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOLEDO, JORGE MR	
STREET ADDRESS	851 MERIDIAN AVENUE, APT 34	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WAKSBERG, SIMONE MD	
STREET ADDRESS	851 MERIDIAN AVENUE, APT 52	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	UPTAIN, ED	
STREET ADDRESS	851 MERIDIAN AVENUE, APT 31	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILSON, DAVID	
STREET ADDRESS	851 MERIDIAN AVENUE, APT 31	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLEDO, JORGE MR	
STREET ADDRESS	851 Meridian Avenue, APT 34	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOULD, PAUL MR	
STREET ADDRESS	851 Meridian Avenue, APT 56	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO, CARMEN MARIA MS	
STREET ADDRESS	851 Meridian Avenue, APT 54	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DAVID	
STREET ADDRESS	851 Meridian Avenue, APT 31	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF DAVID WILSON, DAVID PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00

Date

(305) 534-3397

Daytime Phone #

CR2E037 (9/99)