

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90231 040 \*\*\*\*61.25

**DOCUMENT # 708613**



1. Entity Name  
**MERIDIAN MANOR CONDOMINIUM, INC.**

Principal Place of Business  
**851 MERIDIAN AVENUE  
MIAMI BEACH FL 33139**

Mailing Address  
**851 MERIDIAN AVENUE  
MIAMI BEACH FL 33139**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0950327**

Applied For

Not Applicable

Zip

Country

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

**ESTRADA, JOSEPH  
851 MERIDIAN AVE  
#41  
MIAMI BEACH FL 33139**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HURTADO, GEORGINA</b>	
STREET ADDRESS	<b>851 MERIDIAN AVENUE, APT 54</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>FALCONE, HUGO</b>	
STREET ADDRESS	<b>851 MERIDIAN AVENUE, APT 35</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MACHADO, ESTER</b>	
STREET ADDRESS	<b>851 MERIDIAN AVENUE, APT 42</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ESTRADA, JOSEPH</b>	
STREET ADDRESS	<b>851 MERIDIAN AVENUE, APT 41</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **SIGNATURE REQUIRED**

April 20, 2003

CR2E037 (10/02)