

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

0032278

DOCUMENT # 716692

1. Entity Name

208 MERIDIAN CONDOMINIUM, INC.

04-09-2001 90053 033 ****61.25

Principal Place of Business

Mailing Address

**208 MERIDIAN AVENUE
 MIAMI BEACH FL 33139**

**C/O ACTION GENERAL SERV.
 P.O. BOX 110548
 HIALEAH FL 33011**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4445 West 16 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 308

City & State

City & State
Hialeah, FL

4. FEI Number

65-0687428

Applied For

Not Applicable

Zip

Country

Zip
33012

Country

Dade

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

**WILKIE, ASTERIA O
 2241 SW 11TH ST
 MIAMI FL 33135**

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.

SIGNATURE

Asteria O Wilkie

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/01
305) 823-1201

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILKIE, ASTERIA O	
STREET ADDRESS	2241 SW 11TH ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MANRIQUE, RAFAEL	
STREET ADDRESS	133 SW 113TH AVE #102	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERIUT, AUGUSTO	
STREET ADDRESS	220 MERIDIAN AVE #7	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Asteria O Wilkie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/04/01

305) 823-1201

CR2E037 (10/00)