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

## Mar 20, 2003 8:00 am Secretary of State **DOCUMENT # 716692** 1. Entity Name 03-20-2003 90094 012 \*\*\*\*61.25 208 MERIDIAN CONDOMINIUM, INC. Mailing Address Principal Place of Business 208 MERIDIAN AVENUE 4445 WEST 16 AVENUE MIAMI BEACH FL 33139 SUITE 308 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0687428 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANRIQUE, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 133 SW 113TH AVE #102 **MIAMI FL 33174** City 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 age SIGNATURE Signature, typed or printe (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State \*OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Delete TITLE ☐ Change Addition MANRIQUE, RAFAEL NAME NAME 133 SW 113TH AVE #102 STREET ADDRESS STREET ADDRESS MIAMI FL 33174 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE GONZALEZ, BEATA NAME NAME 208 MERIDIAN AVE #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TD: ----☐ Delete TITLE ☐ Change ☐ Addition TITLE GONZALEZ, BEATA NAME NAME 208 MERIDIAN AVE #3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305) 823-1201

**FILED**