

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730375

1. Entity Name

MERIDIAN HOUSE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90115 048 ****70.00

Principal Place of Business 1540 MERIDIAN AVE. OFFICE APT MIAMI BEACH FL 33139 US	Mailing Address 1540 MERIDIAN AVE. OFFICE APT MIAMI BEACH FL 33139-3474 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1641706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TOMAS, VALDES 1540 MERIDIAN AVE. #3B MIAMI BCH FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  **PRESIDENT - TOMAS VALDES** 02/01/00
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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PDT -	<input type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALDES, THOMAS		NAME VALDES, THOMAS	
STREET ADDRESS 1540 MERIDIAN AVE-38		STREET ADDRESS 1540 MERIDIAN AVE, #3	
CITY-ST-ZIP MIAMI BEACH FL -		CITY-ST-ZIP MIAMI BEACH, FL. 33139	
TITLE VDT -	<input type="checkbox"/> Delete	TITLE VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, YOLANDA		NAME MARTINEZ, YOLANDA,	
STREET ADDRESS 1540 MERIDIAN AVE-#4H -		STREET ADDRESS 1540 MERIDIAN AVE, #4H,	
CITY-ST-ZIP MIAMI BCH FL-		CITY-ST-ZIP MIAMI BEACH, FL. 33139	
TITLE SD	<input type="checkbox"/> Delete	TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSAN, MARTA		NAME REAP, MICHAEL,	
STREET ADDRESS 1540 MERIDIAN AVE., #3J		STREET ADDRESS 1540 MERIDIAN AVE #4B	
CITY-ST-ZIP MIAMI BCH FL		CITY-ST-ZIP MIAMI BEACH, FL. 33139	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARCIA, EVELIO		NAME	
STREET ADDRESS 1540 MERIDIAN AVE #3H		STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVARINO, JOSE MANUEL		NAME	
STREET ADDRESS 1540 MERIDIAN AVE #3-E		STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL 33139		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **TOMAS VALDES** 2/3/00 (305) 593-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)