

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90074 034 ****70.00

DOCUMENT # 730375

1. Entity Name -

MERIDIAN HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1540 MERIDIAN AVE.
 OFFICE APT
 MIAMI BEACH FL 33139
 US

1540 MERIDIAN AVE.
 OFFICE APT
 MIAMI BEACH FL 33139
 US

710316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1641706

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

~~TOMAS, VALDES -~~
~~1540 MERIDIAN AVE.~~
~~#38-~~
~~MIAMI BCH FL 33139 - -~~

Name **Michael Reap**
 Street Address (P.O. Box Number is Not Acceptable)
1540 Meridian Avenue, #4B
 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

Michael Reap

MICHAEL REAP

1/25/01

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 | PD- | <input type="checkbox"/> Delete |
| NAME | VALDES, THOMAS - | |
| STREET ADDRESS | 1540 MERIDIAN AVE -#3 - - | |
| CITY-ST-ZIP | MIAMI FL 33139 - | |
| TITLE | VPD - - | <input type="checkbox"/> Delete |
| NAME | MARTINEZ, YOLANDA | |
| STREET ADDRESS | 1540 MERIDIAN AVE -#4H - | |
| CITY-ST-ZIP | MIAMI FL 33139 - | |
| TITLE | TD- | <input type="checkbox"/> Delete |
| NAME | REAP, MICHAEL - | |
| STREET ADDRESS | 1540 MERIDIAN AVE -#4B - | |
| CITY-ST-ZIP | MIAMI FL 33139 - | |
| TITLE | D- | <input type="checkbox"/> Delete |
| NAME | GARCIA, EVELIO - - | |
| STREET ADDRESS | 1540 MERIDIAN AVE -#3H - | |
| CITY-ST-ZIP | MIAMI BCH FL - - | |
| TITLE | D - | <input type="checkbox"/> Delete |
| NAME | ALVARINO, JOSE MANUEL - - | |
| STREET ADDRESS | 1540 MERIDIAN AVE -#3 E - | |
| CITY-ST-ZIP | MIAMI BCH FL 33139 - | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|---|
| TITLE | PTD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michael Reap, | |
| STREET ADDRESS | 1540 Meridian Avenue, #4B, | |
| CITY-ST-ZIP | Miami Beach, Florida 33139 | |
| TITLE | VPD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Walter Bernard Liebman, | |
| STREET ADDRESS | 1540 Meridian Avenue, #2E, | |
| CITY-ST-ZIP | Miami Beach, Florida 33139 | |
| TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Martha Marsan | |
| STREET ADDRESS | 1540 Meridian Avenue, #3J | |
| CITY-ST-ZIP | Miami Beach, Florida 33139 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | James L. Wells | |
| STREET ADDRESS | 1540 Meridian Avenue, #2G | |
| CITY-ST-ZIP | Miami Beach, Florida 33139 | |
| 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 fees empowered.

SIGNATURE:

Michael Reap

MICHAEL REAP. (305) 534-7098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)