

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90229 022 ****61.25

DOCUMENT # **730375**



1. Entity Name
MERIDIAN HOUSE CONDOMINIUM ASSOCIATION, INC.

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
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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
**REAP, MICHAEL
1540 MERIDIAN AVE.
#4B
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

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 *Michael R. Reap / Pres. MICHAEL R. REAP* DATE **2/12/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	REAP, MICHAEL	
STREET ADDRESS	1540 MERIDIAN AVENUE #4B	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LIEBMAN, WALTER BERNARD	
STREET ADDRESS	1540 MERIDIAN AVENUE #2E	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARSAN, MARTHA	
STREET ADDRESS	1540 MERIDIAN AVE #4B	
CITY-ST-ZIP	MIAMI FL 33139	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT KILLGORE	
STREET ADDRESS	1540 MERIDIAN AVE # 3E	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMANDO MARSAN	
STREET ADDRESS	1540 MERIDIAN AVE # 3J	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOLANDA MARTINEZ	
STREET ADDRESS	1540 MERIDIAN AVE # 4H	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEILE FERNANDEZ	
STREET ADDRESS	1540 MERIDIAN AVE # 2G	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Michael R. Reap / Pres. MICHAEL R. REAP* DATE: **2/12/03** TELEPHONE: **305-532-7878**

CR2E037 (10/02)