

2001 UNIFORM BUSINESS REPORT (UBR)

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

0002992

DOCUMENT # 746396

1. Entity Name

1900 MERIDIAN CONDOMINIUM ASSOCIATION, INC.

03-09-2001 90006 044 ****61.25

Principal Place of Business

Mailing Address

**1900 MERIDIAN AVE
 CONDO MAIL BOX
 MIAMI BEACH FL 33139
 US**

**1900 MERIDIAN AVE
 CONDO MAIL BOX
 MIAMI BEACH FL 33139
 US**

2. Principal Place of Business

1900 MERIDIAN CONDO

3. Mailing Address

1900 MERIDIAN AVE.

Suite, Apt. #, etc.

CONDO. MAIL, APT 501

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

1900 MERIDIAN AVE

City & State

MIAMI BEACH

4. FEI Number

59-2018313

Applied For

Not Applicable

Zip

FL 33139

Country

U. S. A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRANDA, JUAN
 1900 MERIDIAN AVE.
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name
~~AIDA GOMEZ~~
 Street Address (P.O. Box Number is Not Acceptable)
1900 MERIDIAN AVENUE
 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

Aida Gomez

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

(NOTE: Registered Agent signature required when reinstating)

3/2/01
 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

TITLE	DT	<input type="checkbox"/> Delete
NAME	SCHNAIDER, BORIS	
STREET ADDRESS	1900 MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GRANADA, MIRTA	
STREET ADDRESS	1900 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GOMEZ, AIDA	
STREET ADDRESS	1900 MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI BEACH 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	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRTA GRANADA	
STREET ADDRESS	1900 MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	DB	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORIS SCHNAIDER	
STREET ADDRESS	1900 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS PEREZ	
STREET ADDRESS	1900 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BCH 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:

Marta Granada
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/01
 Date

Daytime Phone #

CR2E037 (10/00)