

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90003 027 ****61.25

DOCUMENT # 748682

1. Entity Name

THE MERIDIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1732 MERIDIAN #504
 MIAMI BEACH FL 33139

1732 MERIDIAN #504
 MIAMI BEACH FL 33139-1870

00010374



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1732 MERIDIAN AVE

3. Mailing Address

Suite, Apt. #, etc.

#405

Suite, Apt. #, etc.

City & State
 MIAMI BEACH

City & State

4. FEI Number

59-2082710

Applied For

Not Applicable

Zip

FL

Country

33139

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUCZEK, BYRON
 1732 MERIDIAN AVE #504
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: **Julio Soto**
 Street Address (P.O. Box Number is Not Acceptable): **1732 MERIDIAN AVE #405**
MIAMI Bch, FL 33139
 City: **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

Julio Soto, Julio Soto - President

2-2-00

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JRUCZEK, BYRON	
STREET ADDRESS	1732 MERIDIAN AVE STE 504	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESTOPINAN, ORLANDO	
STREET ADDRESS	1732 MERIDIAN AVE., #401	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SOTO, JULIO	
STREET ADDRESS	1732 MERIDIAN, #405	
CITY-ST-ZIP	MIAMI BEACH FL	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hector Rodriguez	
STREET ADDRESS	10 33 LENOX AVE. #204, MIAMI Bch, FL	
CITY-ST-ZIP	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		
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:

Julio Soto, Julio Soto - President

2-2-00 305-534-8681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)