

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90010 001 ****61.25

DOCUMENT # 748682

1. Entity Name

THE MERIDIAN CONDOMINIUM ASSOCIATION, INC.

(LP)

Principal Place of Business

Mailing Address

1732 MERIDIAN #405
 MIAMI BEACH FL 33139

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 MIAMI BEACH FL 33139

D0061500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1732 Meridian
 Suite, Apt. #, etc.
 # 504

3. Mailing Address

PO Box 402442
 Suite, Apt. #, etc.

City & State

Miami Beach

City & State

Miami Beach FL

4. FEI Number

59-2082710

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOTO, JULIO
 1732 MERIDIAN AVE #405
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: **Byron Kruczek**
 Street Address (P.O. Box Number is Not Acceptable):
1732 Meridian #504
 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.

Byron Kruczek Secretary

SIGNATURE

Byron Kruczek

08/01/01

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
After September 12, 2001, min. will be \$236.25

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: **TD** Delete
 NAME: **JRUCZEK, BYRON**
 STREET ADDRESS: **1732 MERIDIAN AVE STE 504**
 CITY-ST-ZIP: **MIAMI BEACH FL**

TITLE: **SD** Change Addition
 NAME: **Kruczek, BYRON**
 STREET ADDRESS: **1732 Meridian Ave #504**
 CITY-ST-ZIP: **Miami Beach, FL 33139**

TITLE: **SD** Delete
 NAME: **ESTOPINAN, ORLANDO**
 STREET ADDRESS: **1732 MERIDIAN AVE., #401**
 CITY-ST-ZIP: **MIAMI BEACH FL 33139**

TITLE: **TD** Change Addition
 NAME: **Rodriguez, Hector**
 STREET ADDRESS: **1033 Lenox Ave #201**
 CITY-ST-ZIP: **Miami Beach, FL 33139**

TITLE: **PD** Delete
 NAME: **SOTO, JULIO**
 STREET ADDRESS: **1732 MERIDIAN, #405**
 CITY-ST-ZIP: **MIAMI BEACH FL**

TITLE: **PD** Change Addition
 NAME: **Ricardo Fondo**
 STREET ADDRESS: **1228 West Ave #415**
 CITY-ST-ZIP: **Miami Beach, FL 33139**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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:

Signature Required

08/01/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)