

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90101 018 \*\*\*\*61.25

**DOCUMENT # 748682**

1. Entity Name  
**THE MERIDIAN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1732 MERIDIAN #301 MIAMI BEACH FL 33139 US**

Mailing Address  
**1732 MERIDIAN #301 MIAMI BEACH FL 33139 US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2082710**

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

**SOTO, JULIO  
1732 MERIDIAN AVE #301  
MIAMI BEACH FL 33139**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
\* 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P SOTO, JULIO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>11040 NW 2ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33168</b>	
TITLE NAME	<b>TD RODRIGUEZ, HECTOR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1033 LENOX AVE #201</b>	
CITY-ST-ZIP	<b>MIAMI FL 33139</b>	
TITLE NAME	<b>D MARTINEZ, JULIO</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1732 MERIDIAN AVENUE #301</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE NAME	<b>S DE AMEZOLA, XAVIER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1732 MERIDIAN AVENUE #301</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE NAME	<b>D FIERRO, MIGUEL A</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1732 MERIDIAN #604</b>	
CITY-ST-ZIP	<b>MIAMI FL 33139</b>	
TITLE NAME	<b>D HOUDAILLE, CLAUDINE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7990 CRESPI BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(b) 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**

**3/8/03**

CRE037 (10/02)