

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000000821**1. Entity Name  
**MERIDIAN DESIGN ASSOCIATES, ARCHITECTS, A PROFESSIONAL CORPORATION**Principal Place of Business  
532 BROADWAY  
NEW YORK NY 10012Mailing Address  
532 BROADWAY  
NEW YORK NY 10012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**13-4037212**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**ARGIBAY ANTONIO  
C/O MERIDIAN DESIGN ASSOCIATES  
801 BRICKELL AVE., 9TH FLOOR  
MIAMI FL 33131 US**7. Name and Address of New Registered Agent**Name  
ARGIBAY ANTONIO  
Street Address (P.O. Box Number is Not Acceptable)  
MERIDIAN DESIGN ASSOCIATES  
10560 NW 27TH ST., SUITE 101B  
City MIAMI FL Zip Code 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

**02/16/2001**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> Delete
NAME	ARGIBAY ANTONIO	
STREET ADDRESS	242 PARK STREET	
CITY-ST-ZIP	MONTCLAIR NJ 07042	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON BICE C	
STREET ADDRESS	36 HOWARD AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10606	
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		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
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STREET ADDRESS	
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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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ANTONIO ARGIBAY**

STD

02/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)