

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000342

1. Entity Name

MERIDIAN COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

801-911 MERIDIAN AVENUE
MIAMI BEACH FL 33139

C/O SOBE PROPERTY SERVICES
723 14TH PL. STE 9
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0437383

Apprent For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOBE PROPERTY SERVICES
ATTN: MAXWELL SHEINER
723 14TH PL. STE 9
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.

SIGNATURE

Signature, typed or printed name of registered agent and title (optional)

(NOTE: Registered Agent signature required when substituting)

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	DIFRIZTO, JOHN	811 MERIDIAN AVE #103	MIAMI BEACH FL 33139	<input type="checkbox"/>
DS	PINTO, VINCE	811 MERIDIAN AVE #101	MIAMI BEACH FL 33139	<input type="checkbox"/>
VSTD	DEPLEDGE, TOM	801 MERIDIAN AVE #201	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	JAWICE BANWEN	1850 NE 65th St	FL 33308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR20037 (8/01)

1850 NE
65th
St.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(2)(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 appointed 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 or without the appointment.

SIGNATURE:

[Signature]

5/16/02

305-529-4320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Telephone No.