## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 14, 2002 8:00 am DOCUMENT # **709638** Secretary of State 1. Entity Name 02-14-2002 90080 028 \*\*\*\*61.25 1035 MERIDIAN CONDOMINIUM INCORPORATED Principal Place of Business Mailing Address 1035 MERIDIAN AVE. 1035 MERIDIAN AVE. エレリのムバ MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2662398 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PEREZ. DENIO 1035 MERIDIAN AVE. APT 7 Zip Code MIAMI BEACH FL 33139 FL 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **VPD** TITLE TOHN RODRIGUEZ Delete ☐ Change Addition **BUQUET. OLGA** NAME 1035 MERIVAN AVE, #9 SECRETAR) STREET ADDRESS 301 S. 64TH AVE. STREET ADDRESS MIAMIBEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE DM TITLE ☐ Change Addition ANTONIO PLORES NAME CHORAS CORTEZ, DEMETRA NAME 1035 MERIDIAN AVE, #4 STREET ADDRESS 1406 MICHIGAN AVE. STREET ADDRESS MIAMI BEACH, FL 33/39 MEMBER-PRESIDENT Change Addition CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP DM\_ \_ \_\_\_ Delete -TORRES, ANGELICA NAME NAME STREET ADDRESS 1035 MERIDIAN AVE., #1 STREET ADDRESS TITLE Change ONLY CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL Delete NAME Denio Perez NAME STREET ADDRESS 1035 MERIDIAN AVE #7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete TITLE LANZA, ANGELO NAME NAME STREET ADDRESS 1035 MERIDIAN AVENUE # 12 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED