

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

94-02 Reinstatement

DOCUMENT # N93000005061
1. Entity Name
300 Meridian Place Condominium Association, Inc.

FILED

02 APR 26 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 Meridian Ave
Suite, Apt. #, etc.
#6

3. Mailing Address
~~300 Meridian Ave~~ 300 Meridian Ave
Suite, Apt. #, etc.
#6

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach, FL
Zip
33139 Country
USA

City & State
Miami Beach, FL
Zip
33139 Country
USA

FEI Number
65-0505575
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
~~King State~~ Jeffrey Popell
Street Address (P.O. Box Number is Not Acceptable)
~~1234 Washington Ave~~ 300 Meridian Ave #6
~~Miami Beach, FL 33139~~ Miami Beach, FL 33139
City
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.
SIGNATURE Jeffrey Popell Jeffrey Popell, P.A. 300 Meridian Ave #6 3/21/02
Miami Beach, FL 33139
DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing... **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President (D)</u> <u>Ingo Farmont</u> <u>c/o Jeffrey Popell, P.A.</u> <u>300 Meridian Ave #6</u> <u>Miami Beach, FL 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary (D)</u> <u>Jeffrey Popell</u> <u>300 Meridian Ave #6</u> <u>Miami Beach, FL 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>King State (D)</u> <u>1234 Washington Ave</u> <u>Miami Beach, FL 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer (T)</u> <u>Nelli Soutomaior</u> <u>1234 Washington Ave</u> <u>Miami Beach, FL 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>200005694102--2</u> <u>-06/06/02--01033--003</u> <u>****726.25 ****726.25</u>
TITLE NAME 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey Popell Secretary 305-672-9023

CR2E037B (12/01)