

08-05-2002 90009 007 ****61.25

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

DOCUMENT # 716782
 1. Entity Name STAR MERIDIAN CONDOMINIUM

DO NOT WRITE IN THIS SPACE

972794

2. Principal Place of Business 528 MERIDIAN AVE Suite, Apt. #, etc.
 3. Mailing Address 305 ALCAZAR AVE Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI BEACH, FLA City & State CORAL GABLES FLA
 Zip 33139 Country DADE Zip 33134 Country DADE

4. FEI Number [REDACTED] Applied For [REDACTED] Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
 Name Villar Property Mgt-T. Villar
 Street Address (P.O. Box Number is Not Acceptable) 305 ALCAZAR AVE
 City CORAL GABLE FL Zip Code 33134

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] DATE 7/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RAFAEL DIAZ Pres D</u> <u>528 MERIDIAN AVE #502A</u> <u>MIAMI BEACH, FL 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Milagros Guerra, Vice D</u> <u>528 MERIDIAN AVE #503</u> <u>MIAMI BEACH, FLA 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>LILIANA HERRERA, Sec D</u> <u>528 MERIDIAN AVE #405</u> <u>MIAMI BEACH, FLA 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>HENRY Bacha, Tre D</u> <u>528 MERIDIAN AVE #304</u> <u>MIAMI BEACH, FLA 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Rafael Diaz DATE: 7/30/02 DAYTIME PHONE #: 305-447-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)