

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

DOCUMENT # 716782

1. Entity Name **STAR MERIDIAN CONDOMINIUM**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **528 MERIDIAN AVE**

3. Mailing Address **305 ALCAZAR AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **MIAMI BEACH, FLA**

City & State **CORAL GABLES FLA**

4. FEI Number

Applied For

Not Applicable

Zip **33134**

Country **DADE**

Zip **33134**

Country **DADE**

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 **VILAR PROPERTY MGT - T. VILAR**

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

(NOTE: Registered Agent signature required when reinstating)

7/30/02
DATE

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 **PRESIDENT**
NAME **RAFAEL DIAZ**
STREET ADDRESS **528 MERIDIAN AVE #502A**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **VICED**
NAME **MILAGROS GUERRA**
STREET ADDRESS **528 MERIDIAN AVE #503**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **SECRETARY**
NAME **LILIANA HERRERA**
STREET ADDRESS **528 MERIDIAN AVE #405**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **TREASURER**
NAME **HENRY BACHA**
STREET ADDRESS **528 MERIDIAN AVE #304**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)