

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90102 045 ****61.25

DOCUMENT # 716782

1. Entity Name
STAR MERIDIAN CONDOMINIUM, INC.



Principal Place of Business

**528 MERIDIAN AVENUE
MIAMI BEACH FL 33139
US**

Mailing Address

**305 ALCAZAR AVE
MIAMI FL 33134
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1441200**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VILAR PROPERTY MANAGEMENT, INC.
305 ALCAZAR AVE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DIAZ, RAFAEL | |
| STREET ADDRESS | 528 MERIDIAN AVE #502A | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | GUERRA, MILAGROS | |
| STREET ADDRESS | 528 MERIDIAN AVE #503 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HERRERA, LILIANA | |
| STREET ADDRESS | 528 MERIDIAN AVE #405 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BACHA, HENRY | |
| STREET ADDRESS | 528 MERIDIAN AVE #304 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FRANK RODRIGUEZ | |
| STREET ADDRESS | 528 MERIDIAN AVE #402A | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-10-03 305-447-9091

CR2E037 (10/02)