

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708015

1. Entity Name

644 MERIDIAN BUILDING, INC., A CONDOMINIUM

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90150 007 ****61.25

Principal Place of Business Mailing Address
644 MERIDIAN AVE **644 MERIDIAN AVE**
APAT 12 **APT 5**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139-6444**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1270526 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BERMUDEZ, HECTOR
821 COLLINS AVE
APT 304
MIAMI BCH FL 33139

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERMUDEZ, HECTOR	
STREET ADDRESS	644 MERIDIAN AVENUE APT 14	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ESCARRA, MARIA	
STREET ADDRESS	644 MERIDIAN AVE APT 12	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LLAVNIEGOS, CELESTINO	
STREET ADDRESS	644 MERIDIAN AVE APT 5	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	MD	<input type="checkbox"/> Delete
NAME	NUNEZ-CUENCA, GUILLERMINA	
STREET ADDRESS	2457 COLLINS AVE #1706	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bermudez, Hector	
STREET ADDRESS	821 COLLINS AVENUE, APT 304	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAVANIEGOS, Celestino	
STREET ADDRESS	644 MERIDIAN AVE, APT 5	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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 like empowered.

SIGNATURE: *S. Nunez-Cuenca* **S. NUNEZ-CUENCA** 1/10/00 305-5320795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)