

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90006 042 ****61.25

0002425

DOCUMENT # 708015

1. Entity Name

644 MERIDIAN BUILDING, INC., A CONDOMINIUM

Principal Place of Business

**644 MERIDIAN AVE
 APAT 12
 MIAMI BEACH FL 33139
 US**

Mailing Address

**644 MERIDIAN AVE
 APT 5
 MIAMI BEACH FL 33139**

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

59-1270526

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERMUDEZ, HECTOR
 821 COLLINS AVE
 APT 304
 MIAMI BCH FL 33139**

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
 NAME: BERMUDEZ, HECTOR Delete
 STREET ADDRESS: 821 COLLINS AVENUE, APT 304
 CITY-ST-ZIP: MIAMI FL 33139

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TD Delete
 NAME: ESCARRA, MARIA
 STREET ADDRESS: 644 MERIDIAN AVE APT.12
 CITY-ST-ZIP: MIAMI BCH FL

TITLE: TD Change Addition
 NAME: MOLINA Oneyda
 STREET ADDRESS: 1418 Lenox AVENUE
 CITY-ST-ZIP: MIAMI BEACH, FL 33139

TITLE: SD Delete
 NAME: LLAVNIEGOS, CELESTINO
 STREET ADDRESS: 644 MERIDIAN AVE, APT 5
 CITY-ST-ZIP: MIAMI BCH FL 33139

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: MD Delete
 NAME: NUNEZ-CUENCA, GUILLERMINA
 STREET ADDRESS: 2457 COLLINS AVE #1706
 CITY-ST-ZIP: MIAMI BCH FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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. POLO CUEVA GUILLERMINA NUNEZ-CUENCA, MD 3/2/01 305-532-0795
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)