

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90020 019 ****61.25

DOCUMENT # 708596

1. Entity Name

220 MERIDIAN CONDOMINIUM, INC.



Principal Place of Business

220 MERIDIAN AVENUE
MIAMI BEACH FL 33139

Mailing Address

4445 WEST 16 AVE.
308
HIALEAH FL 33012
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCARTUR, BERTA
853-86 ST APT #2
MIAMI BEACH FL 33141

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

Berta McArthur

05-09-2006

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

(NOTE: Registered Agent signature required when re-electing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCARTUR, ZERTA	
STREET ADDRESS	853-86 APT #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCARTUR, BERTA	
STREET ADDRESS	853-86 ST APT #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCARTUR, BERTA	
STREET ADDRESS	853-86 ST APT #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, JUAN CARLOS	
STREET ADDRESS	220 Meridian Ave # 11	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, DANIEL	
STREET ADDRESS	220 Meridian Ave #	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARTHUR, BERTA	
STREET ADDRESS	853-86 St Apt. 2	
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Berta McArthur

05-09-06 305-823-1201