

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709638

1. Entity Name

1035 MERIDIAN CONDOMINIUM INCORPORATED

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90054 046 ****61.25

Principal Place of Business

1035 MERIDIAN AVE.
MIAMI BEACH FL 33139

Mailing Address

1035 MERIDIAN AVE.
MIAMI BEACH FLA 33139-8335

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2662398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES, ANGELICA
1035 MERIDIAN AVE.
#1
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

DENIO PEREZ

Street Address (P.O. Box Number is Not Acceptable)

1035 MERIDIAN AVE

APT 7

City

MIAMI BEACH

FL

Zip Code

33139

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 type 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

TITLE DP
NAME BUQUET, OLGA
STREET ADDRESS 301 S. 64TH AVE.
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE VPD
NAME CHORAS CORTEZ, DEMETRA
STREET ADDRESS 1406 MICHIGAN AVE.
CITY-ST-ZIP MIAMI BEACH FL

☐ Delete

TITLE T
NAME VOLENEL, RUDY
STREET ADDRESS 5912 S.W. 42 TERR
CITY-ST-ZIP MIAMI FL

☒ Delete

TITLE SD
NAME TORRES, ANGELICA
STREET ADDRESS 1035 MERIDIAN AVE., #1
CITY-ST-ZIP MIAMI BEACH FL

☐ Delete

TITLE DM
NAME DENIO PEREZ
STREET ADDRESS 1035 MERIDIAN AVE #7
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VICE PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE MEMBER-DIRECTOR
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE MEMBER-DIRECTOR
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE TREASURER /
NAME SECRETARY
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE ANGELO LANZA
NAME
STREET ADDRESS 1075 MERIDIAN AVE #12
CITY-ST-ZIP MIAMI BEACH, FL 33139

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

Daytime Phone #

305-672-3522

CR2E037 (9/99)