

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 709638

1. Entity Name
1035 MERIDIAN CONDOMINIUM INCORPORATED

Principal Place of Business 1035 MERIDIAN AVE. MIAMI BEACH FL 33139	Mailing Address 1035 MERIDIAN AVE. MIAMI BEACH FLA 33139-8335
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc. APT 7
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2662398	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **DENIO PEREZ**
 Street Address (P.O. Box Number is Not Acceptable)
**1035 MERIDIAN AVE
 APT 7**
 City **MIAMI BEACH FL** Zip **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 *Denio Perez* DATE 4/26/2000
Signature, typed or printed name of registered agent and type applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME DP BUQUET, OLGA STREET ADDRESS 301 S. 64TH AVE. CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME VPD CHORAS CORTEZ, DEMETRA STREET ADDRESS 1406 MICHIGAN AVE. CITY-ST-ZIP MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME T VOLENEL, RUDY STREET ADDRESS 5912 S.W. 42 TERR CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME SD TORRES, ANGELICA STREET ADDRESS 1035 MERIDIAN AVE., #1 CITY-ST-ZIP MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME DM DENIO PEREZ STREET ADDRESS 1035 MERIDIAN AVE #7 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME VICE PRESIDENT STREET ADDRESS SAME-ALL ELSE CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MEMBER-DIRECTOR STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MEMBER-DIRECTOR STREET ADDRESS SAME-ALL ELSE CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TREASURER / SECRETARY STREET ADDRESS ELSKIE SAME CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ANGELO LANZA STREET ADDRESS 1075 MERIDIAN AVE #12 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Denio Perez* DATE 4/26/00 DAYTIME PHONE # 305-672-3522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)