

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90465 017 \*\*\*\*61.25

**DOCUMENT # 709638**

1. Entity Name

**1035 MERIDIAN CONDOMINIUM INCORPORATED**

**00050084**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1035 MERIDIAN AVE. MIAMI BEACH FL 33139	1035 MERIDIAN AVE. #7 MIAMI BEACH FL 33139

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc. #7		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-2662398	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

**6. Name and Address of Current Registered Agent**

PEREZ, DENIO  
 1035 MERIDIAN AVE.  
 APT # 7  
 MIAMI BEACH FL 33139

**7. Name and Address of New Registered Agent**

Name: SAME  
 Street Address (P.O. Box Number is Not Acceptable):  
 APT. 7  
 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: DENIO PEREZ Denio Perez 4/27/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
------------------------------------	--	--

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLGA BUQUET	
STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP		
TITLE	DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMITRA CHORAS	
STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELICA TORRES	
STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP		
TITLE	TREASURER/SECT.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENIO PEREZ	
STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELO LANZA	
STREET ADDRESS	1035 MERIDIAN AVE, #12	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	

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 Denio Perez 4/27/01 305-389-4831  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)