2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State **DOCUMENT # 714570** 1. Entity Name 05-29-2002 90724 031 ****61.25 5-33 MERIDIAN CONDOMINIUM, INC. Principal Place of Business Mailing Address 533 MERIDIAN AVE. 4445 WEST 16TH AVENUE B0122468 MIAMI BEACH FL 33139 **STE 308** HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2675522 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENTO, MARGARITA Street Address (P.O. Box Number is Not Acceptable) 5-33 Meridian Ave Unit 12 PERLSTEIN, ELBA PATRICIA 533 MERIDIAN AVE. SUITE 6 MIAMI BEACH FL 33139 City MIAMI BEACH 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE (9/01 ☐ Delete TITLE ☐ Addition X Change PERLSTEIN, ELBA PATRICIA NAME NAME MENDEZ, NEREIDA STREET ADDRESS STREET ADDRESS 533 MERIDIAN AVE, SUITE 6 8101 BYRON Apt. 512 CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33139 MIAMI BEACH, FL. 33141 TITLE TITLE ☐ Delete Change ☐ Addition NAME --GUERRA, MILAGROSA DE J NAME STREET ADDRESS STREET ADDRESS 533 MERIDIAN AVE, SUITE 7 CITY-ST-7IE MIAMI BEACH FL 33139 CITY-ST-7IP Delete, ☑ Change __ Addition. رين وريسون پر TD. MENDEZ NEREIDA NAME NAME VENTO, MARGARITA STREET ADDRESS 533 MERIDIAN AVE. SUITE 10 STREET ADDRESS 5-33 Meridian Ave Unit 12 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP MIAMI BEACH, FL. 33139 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP