2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 729720 * * Mar 08, 2001 8:00 am Secretary of State 1. Entity Name 321 MERIDIAN CONDOMINIUMASSOCIATION, INC. 03-08-2001 90075 019 ****61.25 Principal Place of Business Mailing Address 321 Meridian Ave. #4 321 MERIDIAN AVE. #4 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 T0031894 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.
321 MERIDIAN AVE. DO NOT WRITE IN THIS SPACE 321 MERIDIAN AVE. Applied For 4. FEI Number City & State City & State MIAMI BEACH FL 59-2065798 Not Applicable MIAMI BEACH FL Country \$8.75 Additional 33939 ₹[®]139 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASTRO, ANA M. GOVANTES, DR LUIS G. Street Address (P.O:-Box-Number-is Not-Acceptable) 321 MERIDIAN AVE. # 9 2439-NW 7th st.#2 MIAMI FL 33125 City MIAMI BEACH 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. Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Delete TITLE RAQUEL NAME NAME 321 MERĪDIAN #8 NELIDA, ALFONSO STREET ADDRESS STREET ADDRESS 321 MRRIDIAN AVE #4 MIAMI BEACH FL 33139 CITY-ST-7IP CITY-ST-7IP MIAMI BEACH FL 33139 3d Addition **⊠** Delete TITLE TITLE CASTRO, ANA M ERA LENIN MERIDIAN AVE.#9 NAME NAME 321 MERIDIAN AVE. #9 STREET ADDRESS STREET ADDRESS MTAMI BEACH FL 33139 MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIE Change : - L - dritinn -D. Delete DELMAS, EMILIA NAME NAME DELMAS, EMILIA 321 MERIDIAN #1 321 MERIDIAN AVE. #1 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR