

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LO1000010490**

1. Entity Name

MERIDIAN REALTY ASSOCIATES LLC

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90118 032 ****50.00

Principal Place of Business

**1300 COLLINS AVE.
MIAMI BEACH FL 33139**

Mailing Address

**1300 COLLINS AVE.
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0150984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHLESSER, MELVYN
1300 COLLINS AVE. #100
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **Schlessen, Mel**
STREET ADDRESS **1300 Collins Ave #100**
CITY-ST-ZIP **Miami Beach - Fl 33139**

TITLE **MGR** ☐ Delete
NAME **Leeds, Arthur**
STREET ADDRESS **215 W 83 St**
CITY-ST-ZIP **NY, NY 10024**

TITLE **MGR** ☐ Delete
NAME **Gershon, Robert**
STREET ADDRESS **315 W 55 St**
CITY-ST-ZIP **NY NY 10019**

TITLE **MGR** ☐ Delete
NAME **Gershon, Melvin**
STREET ADDRESS **315 W 55 St**
CITY-ST-ZIP **NY NY 10019**

TITLE **MGR** ☐ Delete
NAME **Gershon, Melvin**
STREET ADDRESS **315 W 55 St**
CITY-ST-ZIP **NY NY 10019**

TITLE **MGR** ☐ Delete
NAME **Gershon, Melvin**
STREET ADDRESS **315 W 55 St**
CITY-ST-ZIP **NY NY 10019**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)