

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90011 004 \*\*\*\*50.00

DOCUMENT # *L01000010490*

1. Entity Name

*Meridian Realty Associates LLC*

**DO NOT WRITE IN THIS SPACE**

**44043147**

2. Principal Place of Business

*1300 Collins Ave*

Suite, Apt. #, etc.

*100*

City & State

*Miami Beach FL*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

City & State

4. FEI Number

*650150984*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *MELVYN SCHLESSER*

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

**ATTORNEY AT LAW**

**1300 COLLINS AVE. SUITE 100**

City

**MIAMI BEACH, FL 33139**

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE *MBR*  
NAME *MELVYN SCHLESSER*  
STREET ADDRESS *1300 COLLINS AVE #100*  
CITY-ST-ZIP *M.B. FL 33139*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *MBR*  
NAME *ARTHUR LEES*  
STREET ADDRESS *215 W. 88 ST*  
CITY-ST-ZIP *N.Y.C. N.Y. 10024*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *MBR*  
NAME *ROBERT GENSTON*  
STREET ADDRESS *315 W. 55 ST*  
CITY-ST-ZIP *N.Y.C. N.Y. 10019*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *MBR*  
NAME *MELVIN GENSTON*  
STREET ADDRESS *315 W. 55 ST*  
CITY-ST-ZIP *N.Y.C. N.Y. 10019*

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*MELVYN SCHLESSER*

Date

Daytime Phone #

*4/20/04 305-531-3155*

CR2E083B (12/01)