

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 19, 2001 8:00 am
Secretary of State

04-03-2001 90114 014 ****61.25

DOCUMENT # N17090

1. Entity Name

MERIDIAN SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

%CYRIL CHRISTIAN, M.D.
 6971 WEST SUNRISE BLVD., #106
 PLANTATION FL 33313

%CYRIL CHRISTIAN, M.D.
 6971 WEST SUNRISE BLVD., #106
 PLANTATION FL 33313

2. Principal Place of Business

3. Mailing Address

Lidia Serrano
 Lice Source Servs
 Suite, Apt. #, etc. *(#102)* 6971 W. Sunrise Blvd
 City & State *Plantation, FLA.*

Lidia Serrano
 Lice Source Servs #102
 Suite, Apt. #, etc. *6971 W. Sunrise Blvd.*
 City & State *Plantation, FLA.*

City & State *Plantation, FLA.*

City & State *Plantation, FLA.*

Zip *33313* Country *USA*

Zip *33313* Country *USA*

4. FEI Number **59-2841107**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIAN, CYRIL M.D.
 6971 WEST SUNRISE BLVD., #106
 PLANTATION FL 33313

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **CHRISTIAN, CYRIL**
 STREET ADDRESS **6971 W. SUNRISE BLVD., #106**
 CITY-ST-ZIP **PLANTATION FL 33313**

TITLE **President** ☐ Change ☒ Addition
 NAME **Lidia Serrano**
 STREET ADDRESS **6971 W. Sunrise Blvd #102**
 CITY-ST-ZIP **Plantation, FLA. 33313**

TITLE **SD** ☐ Delete
 NAME **CHANDY, DR. FRANCIS**
 STREET ADDRESS **6971 WEST SUNRISE BLVD #103**
 CITY-ST-ZIP **PLANTATION FL 33313**

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

TITLE **D** ☐ Delete
 NAME **ROSENTHAL, V.**
 STREET ADDRESS **6971 W SUNRISE BLVD #206**
 CITY-ST-ZIP **PLANTATION FL 33313**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Lidia Serrano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01

954-791-0711

Date

Daytime Phone #

CR2E037 (10/00)