

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

94-02 Reinstatement

DOCUMENT # **N93000005061**

1. Entity Name
300 Meridian Place Condominium Association, Inc.

FILED

02 APR 26 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 Meridian Ave

3. Mailing Address
~~300 Meridian Ave~~ **300 Meridian Ave**

Suite, Apt. #, etc.
#6

Suite, Apt. #, etc.
#6

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach, FL

City & State
Miami Beach, FL

FBI Number
65-0505575

Applied For
Not Applicable

Zip
33139

Country
USA

Zip
33139

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Jeffrey Papell**
Street Address (P.O. Box Number is Not Acceptable) **1234 Washington Ave #6 Miami Beach, FL 33139**
City **FL** 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.

SIGNATURE **Jeffrey Papell** **Jeffrey Papell, P.A.** **300 Meridian Ave #6 Miami Beach, FL 33139** **3/21/02**
(NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing... ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE President (D)	NAME Ingo Farmont
STREET ADDRESS 300 Meridian Ave #6	CITY-ST-ZIP Miami Beach, FL 33139
TITLE Secretary (D)	NAME Jeffrey Papell
STREET ADDRESS 300 Meridian Ave #6	CITY-ST-ZIP Miami Beach, FL 33139
TITLE VP	NAME King Statz (D)
STREET ADDRESS 1234 Washington Ave	CITY-ST-ZIP Miami Beach, FL 33139
TITLE Treasurer (T)	NAME Nelli Sontomarian
STREET ADDRESS 1234 Washington Ave	CITY-ST-ZIP Miami Beach, FL 33139

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeffrey Papell** **305-672-9023**

CR2E037B (12/01)