

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90168 003 \*\*\*150.00

DOCUMENT # P00000085544

1. Entity Name

Meridian Magon Inc. ✓

Principal Place of Business

1601 Meridian Ave.  
 Miami Beach, FL  
 33139 US

Mailing Address

1601 Meridian Ave.  
 Miami Beach, FL  
 33139 US

2. Principal Place of Business

100 Lincoln Rd.  
 Suite, Apt. #, etc.  
 # 329

3. Mailing Address

100 Lincoln Road  
 Suite, Apt. #, etc.  
 # 329

City & State

Miami Beach, FL

City & State

Miami Beach

Zip

33139

Country

US

Zip

33139

Country

US

4. FEI Number

651066453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAZAR, USETTE PIE P.A.  
 1390 BRICKELL AVENUE  
 SUITE 200  
 MIAMI FL 33131

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)

1-15-01

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

10. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P.S	<input type="checkbox"/> Delete
NAME	Isabel Malatesta	
STREET ADDRESS	1601 Meridian Ave.	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, P.S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isabel Malatesta	
STREET ADDRESS	100 Lincoln Road #329	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maximiliano E. Fraga	
STREET ADDRESS	100 Lincoln Road #329	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalo A. Fraga	
STREET ADDRESS	100 Lincoln Road, #329	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 674-9963