

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90145 048 \*\*\*150.00

**DOCUMENT #** P02000046090

**1. Entity Name**  
1700 MERIDIAN AVENUE, INC.



**Principal Place of Business**  
2829 BIRD AVENUE SUITE 309  
MIAMI FL 33133

**Mailing Address**  
2829 BIRD AVENUE SUITE 309  
MIAMI FL 33133



**2. Principal Place of Business**

2800 Biscayne Blvd

**3. Mailing Address**

2800 Biscayne Blvd

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Miami, FL

City & State

Miami, FL

Zip

33137

Country

US

Zip

33137

Country

US

**4. FEI Number**

04-3652716

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

ROLLNICK, NEIL S ESQ

2601 SOUTH BAYSHORE DRIVE SUITE 1600

MIAMI FL 33133

**7. Name and Address of New Registered Agent**

Name

Greggory S Covin

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

2800 Biscayne Blvd

#300

City

Miami

FL

Zip Code

33137

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐

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

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **COVIN, GREGGORY S**  
STREET ADDRESS **2829 BIRD AVENUE SUITE 309**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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 607, 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)