

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90196 023 ***150.00

DOCUMENT # P98000048533

1. Entity Name
1325 MERIDIAN ASSOCIATES, INC.



Principal Place of Business
500 15TH STREET, # 1
MIAMI BEACH, FL 33139

Mailing Address
500 15TH STREET, # 1
MIAMI BEACH, FL 33139



2. Principal Place of Business

3. Mailing Address

423 NE 23rd ST
Suite, Apt. #, etc.

423 NE 23rd ST.
Suite, Apt. #, etc.

03172004 Chg-P CR2E034 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0844774

Applied For
Not Applicable

Zip
33137 Country

Zip
33137 Country

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

REGENT PARK PROPERTY, INC
500 15TH STREET, #1
MIAMI BEACH, FL 33139

Name
REGENT PARK INVESTMENTS LLC

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

423 NE 23rd ST.

City
MIAMI FL

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

(NOTE: Registered Agent signature required when reinstating)

4/20/04
Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS KAUDERER, MALLORY 500 15TH STREET, #1 MIAMI BCH, FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIFSHULTZ, DAVID 2498 PRAIRIE AVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KAUDERER, MALLORY 423 NE 23rd ST. MIAMI FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

305-573-3389
Daytime Phone #