

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90939 029 \*\*\*150.00

**DOCUMENT # V28003**

1. Entity Name

**GAZIT (MERIDIAN) INC.**

Principal Place of Business

777 - 17TH ST.  
 PENTHOUSE SUITE  
 MIAMI BCH. FL 33139  
 US

Mailing Address

777 - 17TH ST.  
 PENTHOUSE SUITE  
 MIAMI BCH. FL 33139  
 US

**C0059798**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1696 NE Miami Gardens Dr.

3. Mailing Address

1696 N.E. Miami Gardens Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

4. FEI Number **65-0324247**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

33179

Zip

Country

33179

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATZMAN, CHAIM**  
 777 - 17TH ST.  
 PENTHOUSE SUITE  
 MIAMI BCH. FL 33139

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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 **PTD**  Delete  
 NAME **KATZMAN, CHAIM**  
 STREET ADDRESS **777 - 17TH ST., PENTHOUSE STE.**  
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE **CEO**  Change  Addition  
 NAME **KATZMAN, CHAIM**  
 STREET ADDRESS **1696 NE Miami Gardens Dr**  
 CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE **VP**  Delete  
 NAME **VALERO, DORON**  
 STREET ADDRESS **777 - 17TH ST., PENTHOUSE SUITE**  
 CITY-ST-ZIP **MIAMI BCH. FL**

TITLE **P**  Change  Addition  
 NAME **VALERO, DORON**  
 STREET ADDRESS **1696 NE Miami Gardens Dr**  
 CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  Change  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 #

**305-947-1664**

CR2E034 (10/00)