

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90151 046 \*\*\*\*61.25

**DOCUMENT # 716534**

1. Entity Name

**MEADOWBROOK TOWERS CONDOMINIUM "D", INC.**

Principal Place of Business

Mailing Address

232 NORTHEAST 12 AVENUE  
 HALLANDALE FL 33009

232 NORTHEAST 12 AVENUE  
 HALLANDALE FL 33009-4545

**636205**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7084345**

Applied For

Not Applicable

Zip

Country

Zip

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

~~TULLER, RIMA~~  
~~232 N.E. 12TH AVENUE~~  
~~33009~~

Name

**R. HORVITZ**

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

**232 NE 12TH AVE**

City

**HALLANDALE BEACH**

**FL**

Zip Code

**33009**

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

**03-21-00**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TD	TULLER, RIMA	232 N E 12 AVE	HALLANDALE, FL 00000	<input checked="" type="checkbox"/>
PD	MILLER, PHYLISS	232 NE 12 AVE	HALLANDALE FL 33009	<input checked="" type="checkbox"/>
SD	MARCUS, JUDITH	232 N. E. 12 AVENUE	HALLANDALE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P.D	M. BRADICAN	232 NE 12TH AVE.	HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.D	JAMES JOHN	232 NE 12TH AVE.	HALLANDALE BEACH FL. 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.D	LILLIAN MARTIN	232 NE 12TH AVE.	HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T.D	R. HORVITZ	232 NE 12TH AVE.	HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D. STEFANOVIC SD	232 NE 12TH AVE.	HALLANDALE BEACH FL. 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 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**

**3/16/00**

**954-457-4985**

Date

Daytime Phone #