

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90080 026 ****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**

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADICAN, M.
 232 NE 12TH AVE
 APT #402
 HALLANDALE BEACH FL 33009**

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 _____

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	PD BRADICAN, M.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	232 NE 12TH AVE HALLANDALE FL 33009	
TITLE NAME	VD ST. LAURENT, B	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	232 NE 12 AVE HALLANDALE FL 33009	
TITLE NAME	VD MARTIN, LILLIAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	232 N. E. 12 AVENUE HALLANDALE FL	
TITLE NAME	TD MARINO, F	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	232 N. E. 12 AVENUE HALLANDALE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 REQUIRED *Martin* 4/6/02 954-456-4713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)