

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90028 002 \*\*\*\*61.25

**DOCUMENT # 721715**

1. Entity Name

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

Principal Place of Business

Mailing Address

300 N E 12TH AVE  
 HALLANDALE, FL 33009

300 N E 12TH AVE  
 HALLANDALE, FLA 33009-4503

2. Principal Place of Business

3. Mailing Address

300 NE 12th Ave

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HALLANDALE FLA.

4. FEI Number

59-1365557

Applied For

Not Applicable

Zip

Country

Zip

Country

33009

BROWARD

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

**BRENNER, SUSAN**  
 300 NE 12 AVE.  
 HALLANDALE FL 33009

Name **IONADI, MARY**

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

300 NE 12th Avenue

City **Hallandale**

**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

*MARY IONADI*

*Mary Ionadi*

4/10/00

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 **VD**  Delete  
 NAME **VASATOR, DOMINICK A**  
 STREET ADDRESS **300 N E 12TH AVE**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VP**  Change  Addition  
 NAME **ARANZULLO, THERESA**  
 STREET ADDRESS **300 NE 12th Avenue**  
 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **TD**  Delete  
 NAME **SCHULMAN, CHARLES**  
 STREET ADDRESS **300 NE 12 AVE**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **TD**  Change  Addition  
 NAME **DELISSER, TRINA**  
 STREET ADDRESS **300 NE 12th Avenue**  
 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **SD**  Delete  
 NAME **BRENNER, SUSAN**  
 STREET ADDRESS **300 NE 12TH AVENUE**  
 CITY-ST-ZIP **HALLANDALE, FL 00000**

TITLE **SD**  Change  Addition  
 NAME **MARY IONADI**  
 STREET ADDRESS **300 NE 12th Avenue**  
 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **PD**  Delete  
 NAME **COHEN, JOEL**  
 STREET ADDRESS **300 NE 12TH AVE**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **PD**  Change  Addition  
 NAME **LUCCIONI, SAMANTHA**  
 STREET ADDRESS **300 NE 12th Avenue**  
 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **D**  Delete  
 NAME **IONADI, MARY**  
 STREET ADDRESS **300 NW 12TH AVE**  
 CITY-ST-ZIP **HALLANDALEM FL 33009**

TITLE **D**  Change  Addition  
 NAME **VASATURO, DOMINICK**  
 STREET ADDRESS **300 NE 12th Avenue**  
 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE  Delete  
 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 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 OF TRINA E. DELISSER*

4/10/00

305-344-5735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)