

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90043 008 \*\*\*\*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 FL 33009

**762793**



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

**59-1365557**

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

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

Name *Trina E. Delisser*

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

*300 NE 12th ave.*

*apt 605*

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

*Srinivas Delisser*

*Trina E. Delisser*

*4/30/01*

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

TITLE NAME  Change  Addition  
**Board Member**  
**Charles Schulman**  
 STREET ADDRESS **300 NE 12th avenue**  
 CITY-ST-ZIP **Hallandale, FL 33009**

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

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**SD**  
**IONADI, MARY**  
 STREET ADDRESS **300 NE 12TH AVENUE**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VD**  
**ARANZULLO, THERESA**  
 STREET ADDRESS **300 NW 12TH AVE**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE NAME  Change  Addition  
**Peter Jurt**  
 STREET ADDRESS **300 NE 12th ave**  
 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  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:

*Srinivas Delisser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/01*

Date

*305-218-1422*

Daytime Phone #

CR2E037 (10/00)