

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90135 006 \*\*\*\*61.25

**DOCUMENT # 723564**

1. Entity Name

**MEADOWBROOK E.F.G.H., INC.**

Principal Place of Business

**LANDMARK MANAGEMENT SERVICES, INC.  
 9000 SHERIDAN STREET, SUITE 134  
 PEMBROKE PINES FL 33024-8801**

Mailing Address

**LANDMARK MANAGEMENT SERVICES, INC.  
 9000 SHERIDAN STREET, SUITE 134  
 PEMBROKE PINES FL 33024-8801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**12323 SW 55 St.**

**Suite 1002**

**Cooper City FL**

**33330**

**Broward**

4. FEI Number

**59-1461589**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LANDMARK MANAGEMENT SERVICE INC  
 9000 SHERIDAN STREET, SUITE 134  
 PEMBROKE PINES FL 33024-8801**

7. Name and Address of New Registered Agent

Name

**Same**

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

**12323 SW 55 St.**

**Suite 1002**

**Cooper City**

**FL**

Zip Code

**33330**

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

*Knute Selva*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/19/00**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HENIGMAN, ANITA</b>	
STREET ADDRESS	<b>619 N.E. 14 AVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MICELLI, MIRIAM</b>	
STREET ADDRESS	<b>620 N. 12TH AVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DANIELS, FREIDA</b>	
STREET ADDRESS	<b>620 NE 12 AVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Manuel PARADE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>609 NE 14 AVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Manuel Parade*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/00**  
 Date

Daytime Phone #

CR2E037 (9/99)