

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

01-17-2003 90076 040 ****61.25

DOCUMENT # 723564

1. Entity Name

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



Principal Place of Business

LANDMARK MANAGEMENT SERVICES, INC.
12323 SW 55 STREET, SUITE 1002
COOPER CITY FL 33330

Mailing Address

LANDMARK MANAGEMENT SERVICES, INC.
12323 SW 55 STREET, SUITE 1002
COOPER CITY FL 33330

2. Principal Place of Business

MEADOWBROOK EFGH

3. Mailing Address

MEADOWBROOK EFGH

Suite, Apt. #, etc.

609 NE 14th AVE

Suite, Apt. #, etc.

P.O. BOX 1611

City & State

HALLANDALE BEACH, FL

City & State

HALLANDALE BEACH, FL

Zip

33009

Country

USA

Zip

33008

Country

USA

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
620 PE 1200 AVE # 407
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **Miriam Micelli**

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

620 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Miriam Micelli

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

(NOTE: Registered Agent signature required when reinstating)

2/13/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENIGMAN, ANITA 619 N.E. 14 AVE HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MICELLI, MIRIAM 620 N 12TH AVE HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARADE, MANUEL 609 NE 14 AVENUE HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03

Date

954-458-7520

Daytime Phone #

CR2E037 (10/02)