

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724287

1. Entity Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #4,

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90192 040 ****61.25

701901



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
420 N.E. 12TH AVE. HALLANDALE FL 33009-4543		420 N.E. 12 AVE. HALLANDALE FL 33009-4537 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1444265	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, J H 420 N.E. 12TH AVE HALLANDALE 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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, J H	NAME	
STREET ADDRESS	420 N.E. 12 AVE, #701	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DJULVEZAN, PAUEL	NAME	
STREET ADDRESS	420 N.E. 12TH AVE, #402	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JELESCA, EUGINA	NAME	
STREET ADDRESS	420 N.E. 12TH AVE / #506	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONOMO, DOROTHY	NAME	
STREET ADDRESS	420 N.E. 12TH AVE, #203	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWIMMER, BEATRICE	NAME	
STREET ADDRESS	420 NE 12TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E037 (9/99)