

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90733 007 ****61.25

DOCUMENT # 726122

1. Entity Name
MEADOWBROOK F-J-K-L CORPORATION, INC.



70039994



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**319 NE 14TH AVE
#106
HALLANDALE FL 33009
US**

Mailing Address
**319 NE 14TH AVE
#106
HALLANDALE FL 33009
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1446098** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MALKIN, HOWARD
319 NE 14TH AVE
#106
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent
Name **MALKIN, HOWARD**
Street Address (P.O. Box Number is Not Acceptable) **SAME**
(CORRECTION ON THE SPELLING OF LAST NAME)
City **SAME** FL Zip Code **SAME**

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 **HOWARD MALKIN, PRESIDENT** *MalKin* DATE **3/3/03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORRATH, GEORGE 301 NE 14TH AVE 308 HALLANDALE BEACH FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAM DEUTZMAN 319 NE 14TH AVENUE #704 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT TYTELL, ARLYNE 301 NE 14TH AVE #701 HALLANDALE BEACH FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARELLA, JOSEPH 320 NE 12TH AVE A-208 HALLANDALE BEACH FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGY, TONO 319 NE 14TH AVE HALLANDALE BEACH FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TRINA DELISSER 300 NE 12th Avenue #605 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARAZULLO, THERESA 300 NE 12TH AVENUE, #108 HALLANDALE BEACH FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALKIN, HOWARD 319 NE 14TH AVE 106 HALLANDALE BEACH FL 33009	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: **SIGNATURE** *HOWARD MALKIN* **PRESIDENT** DATE **3/3/03** (904) 416-7629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)

Meadowbrook IJKL Corp., Inc.

519 N.E. 14th Avenue #150
Hallandale Beach, Florida 33009-4321

Phone 456-7629

Howard Malkin, President

Attachment
726122
7003944
726122

February 22, 2002

Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314


Gentleman,

When we filed our Uniform Business Report for year 2001 we included check# 1181 dated 4/20/01 in the amount of \$150.00. We overpaid the amount of \$88.75, which we would like a refund as soon as possible.

Attached you will find our Uniform Business Report for year 2002 and check# 1320 dated 2/22/02 in the amount of \$61.25.

Thanks in advance for your help concerning this matter.

Sincerely


Howard Malkin
President

Encl: photo copy of check#1181 front & back
~~--- 2002-Uniform-Business-Report-&-check#1320~~

CC: File

MEADOWBROOK IJKL CORP., INC.

attachment

Attachment

726122

319 N.E. 14TH AVENUE
HALLANDALE BEACH, FLORIDA 33009

55014271

7003994

726122

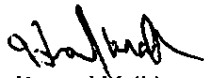
March 04, 2003

Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Gentleman,

On February 22, 2002 I wrote you a letter in reference to an overpayment on our Uniform Report of year 2001 in the amount of \$88.75 and send a photo copy of the cancelled checked. I think if I do not pay we are liable, but if overpay I should obtain a refund or an explanation to this matter.

Sincerely yours,


Howard Malkin
President

CC: Condo File
Ecl: 2/22/02 ltr.