

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90346 008 \*\*\*\*61.25

**DOCUMENT # 730679**  
 1. Entity Name  
**MEADOWBROOK ASSOCIATION SECTION A, INC.**

Principal Place of Business      Mailing Address  
**C/O CARLOS I CASTELBLANCO**      **C/O CARLOS I CASTELBLANCO**  
**421 NE 14 AVE #206 /01**      **421 NE 14 AVE #206 /01**  
**HALLANDALE FL 33009**      **HALLANDALE FL 33009**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1660412**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Name and Address of Current Registered Agent  
**PROSPERI, CEASER**  
**500 NE 12TH AVENUE, #103**  
**HALLANDALE FL 33009**  
 7. Name and Address of New Registered Agent  
 Name **LINDA CALLEJA**  
 Street Address (P.O. Box Number is Not Acceptable) **421 NE 14 AVE - 406**  
 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.

SIGNATURE: *[Signature]*      **7-02-02**  
 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARREIRA, RAUL</b>	
STREET ADDRESS	<b>421 NE 14TH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33001</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASTELBLANCO, CARLOS J</b>	
STREET ADDRESS	<b>421 NE 14TH AVENUE, #101</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PROSPERI, CEASER</b>	
STREET ADDRESS	<b>500 NE 12TH AVENUE, #101</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NARDIELLO, FRANK</b>	
STREET ADDRESS	<b>420 NE 12TH AVENUE, #107</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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDA CALLEJA</b>	
STREET ADDRESS	<b>421 NE 14 AVE - 406</b>	
CITY-ST-ZIP	<b>HALLANDALE BEACH, FL 33009</b>	
TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAVEL DJULVEZAN</b>	
STREET ADDRESS	<b>420 NE 12 AVE # 402</b>	
CITY-ST-ZIP	<b>HALLANDALE BEACH FL- 33009</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUISE DEL GATTI</b>	
STREET ADDRESS	<b>501 NE 14 AVE # 357</b>	
CITY-ST-ZIP	<b>HALLANDALE BEACH FL- 33009</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELDON KAUFMAN</b>	
STREET ADDRESS	<b>500 NE 12 AVE. 304</b>	
CITY-ST-ZIP	<b>HALLANDALE BEACH FL 33009</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLOS J. CASTELBLANCO</b>	
STREET ADDRESS	<b>421 NE 14 AVE. #101</b>	
CITY-ST-ZIP	<b>HALLANDALE BEACH, FL 33009</b>	
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: *[Signature]*      **7/02/02**      **(954) 456 1627**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)