FILED Mar 17, 2000 8:00 am Secretary of State 03-17-2000 90007 017 ****61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727101

1. Entity Name

			#C
MEADOWBROOK	CALIDAINAL IL ANGLE CA	MILIE LIEWES	Ξ'n
MEADOMHUIOUN	OUNDOMINION	DOILDING	# UI

Principal Place of Business						
an+	NE	14	AVE			

Mailing Address

901 N.E. 14 AVE. HALLANDALE FL 33009 901 N.E. 14 AVE.

HALLANDALE FL 33009-2754

					1 1 111 111 11 1111 1	1391 1 3001 11 0 11 1310 1	 10 10 10 1	1 8 11 818 11 81 8 1	1 110 11 3 10 1	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State	المراجعة المحاجبة	=City.& State=		-	4. FEI Number	59-1511002		—	plied For Applicable	
Zip	Country	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Registered Agent					
			Name							
SMITH, JESSIE			Street A	Street Address (P.O. Box Number is Not Acceptable)						
901 N.E. 1			-							
APT. 508			<u> </u>		<u>,,, , , , , , , , , , , , , , , , , , </u>			7: 0: 1:		
HALLAND/	ALE FL 33009		City				FL_	Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registere	ed agent, or both, in	the state of Flo	rida.			
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered Agent signat	ure required	when reinstating)		DATE			
								~~		
FILE NOW: 9. Election Campaign Finar FEE IS \$61.25 Trust Fund Contribution.		Inancing	\$5.0	O May Be	Mak	e Check Pa	yable to	-		
		Trust Fund Contribution.			ded to Fees Department of State					
1	OFFICERS AND DIR	ECTORS	T		ADDITIONS/CHANG	SECTO DESIDE	DS AND DIDE	CTORS IN	10	
10.	PD OFFICERS AND DIR		TITLE	1	ADDITIONS/CHAING	3ES TO OFFICE		Change	Addition	
TITLE Name	PERRON, PATRICIA	- 😾 Delete	NAME	PD			_	L change		
STREET ADDRESS	901 N.E. 14TH AVE, #707		STREET ADDRESS		e Mather		#700			
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		NE 14th				_	
TITLE	VD	▼ Delete	TITLE	ſ	andale,] ح	Change	☐ Addition	
NAME	MATHER, BRUCE	A	NAME	VP	Joel Wei		40	0.6		
STREET ADDRESS	901 NE 14TH AVE #708		STREET ADDRESS		901 NE 1			00		
CITY-ST-ZIP	HALLANDALE FL 33009	 _	CITY-ST-ZIP		Hallanda					
TITLE	SD	Delete	TITLE	VP	Vasile T	-		☐ Change	★ Addition	
NAME STREET ADDRESS	HARTMAN, LUCILLA		NAME STREET ADDRESS	ĺ.	901 NE 1			07	}	
City-ST-ZIP	900 N.E. 14TH AVE., #104 HALLANDALE FL		CITY-ST-ZIP	<u>کارک</u>	Hallanda	le, fi	33009			
TITLE	VD	☐ Delete	TITLE	ďZ	Jeannine	Major		☐ Change	√∠ Addition	
NAME	WEIS, JOEL		NAME		901 NE 1	_	nue #6	05	1	
STREET ADDRESS	901 N.E. 14TH AVE., #306		STREET ADDRESS		Hallanda.		33009			
CITY-ST-ZIP	HALLANDALE, FL 00000		CITY-ST-ZIP			·		7.0		
TITLE	TRD	☐ Delete	TITLE	TRD	Carlos G			Change	Addition	
NAME STREET ADDRESS	MAJOR, JEANNIVE M		NAME STREET ADDRESS		901 NE 1			01		
CITY-ST-ZIP	901 N.E. 141TH AVE HALLANDALE FL 33009		CITY-ST-ZIP	[Hallanda	le, Fl	33009		l	
TITLE	MALLANDALE FL 33003	☐ Delete	TITLE	 				Change	Addition	
NAME		☐ Delete	NAME				-)	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	1					\	

12. I hereby certify that the information supplied with this filling 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

* 03-10.00

Daytime Phone #

CR2E037 ((