

2004 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 724287**

1. Entity Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #4,

Principal Place of Business

420 N.E. 12TH AVE.
HALLANDALE FL 33009-4543

Mailing Address

420 N.E. 12 AVE.
HALLANDALE FL 33009-4543
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 ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

FRANK NARDIELLO

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

420 NE 12th Ave # 507

City

Hallandale

FL

Zip Code

33009

JOHNSON, J H
420 N.E. 12TH AVE
HALLANDALE FL 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, 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 PD
NAME JOHNSON, J H
STREET ADDRESS 420 N.E. 12 AVE, #701
CITY-ST-ZIP HALLANDALE, FL 00000 ☐ DeleteTITLE VD
NAME DJULVEZAN, PAUEL
STREET ADDRESS 420 N.E. 12TH AVE, #402
CITY-ST-ZIP HALLANDALE, FL 00000 ☐ DeleteTITLE D
NAME JELESCA, EUGINA
STREET ADDRESS 420 N.E. 12TH AVE / #506
CITY-ST-ZIP HALLANDALE FL 33009 ☒ DeleteTITLE SD
NAME BONOMO, DOROTHY
STREET ADDRESS 420 N.E. 12TH AVE, #203
CITY-ST-ZIP HALLANDALE FL ☐ DeleteTITLE TD
NAME SCHWIMMER, BEATRICE
STREET ADDRESS 420 NE 12TH AVENUE
CITY-ST-ZIP HALLANDALE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE PD
NAME FRANK NARDIELLO
STREET ADDRESS 420 NE. 12th Ave #507
CITY-ST-ZIP Hallandale, FL 33009 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90048 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)