

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90131 039 ****61.25

DOCUMENT # 717367

1. Entity Name
MEADOWBROOK TOWERS CONDOMINIUM "F", INC.



Principal Place of Business
620 NORTHEAST 12TH AVENUE
HALLANDALE FL 33009

Mailing Address
LANDMARK MANAGEMENT SERVICES
12323 SW 55 ST STE 1002
COOPER CITY FL 33330
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 59-1285784

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LANDMARK MANAGEMENT SERVICE, INC.
12323 SW 55 ST
STE 1002
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **B FR.** ☐ Delete
NAME **MICELL, MIRIAM**
STREET ADDRESS **620 NORTHEAST 12TH AVENUE #407**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **P** ☒ Delete
NAME **MICELL, MIRIAM**
STREET ADDRESS **620 NE 12TH AVE #408**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **S** ☐ Delete
NAME **MARTINEZ, VINCENT**
STREET ADDRESS **620 NE 12TH AVE #507**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete
NAME **BRENNAN, ARTHUR**
STREET ADDRESS **620 NE 12TH AVE #504**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete
NAME **MARIANI, THOMAS**
STREET ADDRESS **620 NE 2 AVE 204**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **V** ☐ Delete
NAME **MARREN, WILLIAM**
STREET ADDRESS **620 NE 12 AVE #608**
CITY-ST-ZIP **HALLANDALE FL 33009**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **CARLA KLEIN**
STREET ADDRESS **620 NE 12TH AVE #701**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

CR2E037 (10/02)