

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

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

03-27-2003 90094 026 ****61.25

DOCUMENT # 727101

1. Entity Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #6, INC.



Principal Place of Business

901 N.E. 14 AVE.
HALLANDALE FL 33009

Mailing Address

901 N.E. 14 AVE.
HALLANDALE FL 33009

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 **59-1511002**

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

SMITH, JESSIE
901 N.E. 14TH AVE
APT. 508
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name: **LUCILLE HARTMAN**
Street Address (P.O. Box Number is Not Acceptable)
901 N.E. 14th AVE apt. 105
HALLANDALE BEACH
City **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. 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 **TD** ☒ Delete
NAME **ACOSTA, MONICA**
STREET ADDRESS **901 NE 14 AVENUE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VP** ☒ Delete
NAME **FRENT, FLAVIUS**
STREET ADDRESS **901 NE 14TH AVENUE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **PD** ☒ Delete
NAME **CROSSOMANDIES, ELAINE**
STREET ADDRESS **901 NE 14TH AVENUE 707**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **SD** ☒ Delete
NAME **MOSI, ANNA**
STREET ADDRESS **901 NE 14TH AVENUE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VPD** ☐ Delete
NAME **HARTMAN, LUCILLE**
STREET ADDRESS **901 NE 14TH AVENUE 101**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **DOMENIC MARIANI**
STREET ADDRESS **901 NE 14th Ave # 607**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE **VP** ☒ Change ☐ Addition
NAME **JOEL WEISS**
STREET ADDRESS **901 NE 14th Ave #306**
CITY-ST-ZIP **HALLANDALE BEACH FL 33009**

TITLE **VP** ☒ Change ☐ Addition
NAME **LUCILLE HARTMAN**
STREET ADDRESS **901 NE 14th Ave #105**
CITY-ST-ZIP **HALLANDALE BEACH, F 33009**

TITLE **SD** ☒ Change ☐ Addition
NAME **KATHY FLORIN**
STREET ADDRESS **901 NE 14th Ave #101**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE **TP** ☒ Change ☐ Addition
NAME **ALBERTO BALY**
STREET ADDRESS **901 NE 14th Ave #504**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

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

Lucille Hartman VP 415/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)