

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726122

Entity Name: MEADOWBROOK I-J-K-L CORPORATION, INC.

FILED
May 01, 2024
Secretary of State
6910480611CC

Current Principal Place of Business:

C/O MANAGEXCHANGE, LLC
900 N FEDERAL HIGHWAY SUITE 201
HALLANDALE BEACH, FL 33009

Current Mailing Address:

C/O MANAGEXCHANGE, LLC
900 N FEDERAL HIGHWAY SUITE 201
HALLANDALE BEACH, FL 33009 US

FEI Number: 59-1446098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZ, STEVEN B
4300 N UNIVERSITY DRIVE
A-106
LAUDERHILL, FL 33351 US

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: STEVEN KATZ

05/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LANAVE, VITO
Address C/O MANAGEXCHANGE, LLC
 900 N FEDERAL HIGHWAY SUITE 201

City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER
Name CAMAJ, TOM
Address C/O MANAGEXCHANGE, LLC
 900 N FEDERAL HIGHWAY SUITE 201

City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name TIMOFTI, EUGENIU
Address C/O MANAGEXCHANGE, LLC
 900 N FEDERAL HIGHWAY SUITE 201

City-State-Zip: HALLANDALE BEACH FL 33009

Title SECRETARY
Name SARSFIELD, STEPHEN
Address C/O MANAGEXCHANGE, LLC
 900 N FEDERAL HIGHWAY SUITE 201

City-State-Zip: HALLANDALE BEACH FL 33009

Title D
Name LORENC, ADAM
Address C/O MANAGEXCHANGE, LLC
 900 N FEDERAL HIGHWAY SUITE 201

City-State-Zip: FORT LAUDERDALEHALLANDALE
 BEACH FL 33009

Title DIRECTOR
Name ROMINA, BELLOMO
Address C/O MANAGEXCHANGE, LLC
 900 N FEDERAL HIGHWAY SUITE 201

City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name ILEANA, STELIAN
Address C/O MANAGEXCHANGE, LLC
 900 N FEDERAL HIGHWAY SUITE 201

City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name LOFTON, VICTORIA
Address 900 N FEDERAL HWY
 201
City-State-Zip: HALLANDALE BEACH FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VITO LANAVE

PRESIDENT

05/01/2024

