

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717204

1. Entity Name

MEADOWBROOK TOWERS CONDOMINIUM "E", INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90007 019 ****61.25

Principal Place of Business

619 NORTHEAST 14TH AVENUE
HALLANDALE FL 33009

Mailing Address

LANDMARK MANAGEMENT SERVICES, INC.
9000 SHERIDAN STREET - #134
PEMBROKE PINES FL 33024-8801
US

2. Principal Place of Business

3. Mailing Address

12323 SW 55 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1002

City & State

City & State

Cooper City, FL

Zip

Country

Zip 33330

Country

Broward

4. FEI Number

59-1286898

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

LANDMARK MANAGEMENT SERVICES, INC.
9000 SHERIDAN STREET - #134
PEMBROKE PINES FL 33024-8801

Name SAME

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

12323 SW 55 St
Suite 1002

City COOPER CITY

FL

Zip Code 33330

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HENIGMAN, ANITA L
STREET ADDRESS 619 N.E. 14 AVENUE
CITY-ST-ZIP HALLANDALE FL ☐ Delete

TITLE D
NAME Wilfred Godbout
STREET ADDRESS 619 N.E. 14 Ave
CITY-ST-ZIP Hallandale, FL ☐ Change ☒ Addition

TITLE T
NAME FRAULO, CARMAN
STREET ADDRESS 619 N.E. 14 AVENUE
CITY-ST-ZIP HALLANDALE FL ☐ Delete

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

TITLE SD
NAME ROSEN, SYLVIA
STREET ADDRESS 619 NE 14TH AVE
CITY-ST-ZIP HALLANDALE FL ☒ Delete

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

TITLE VPD
NAME PINTILIE, EMIL
STREET ADDRESS 619 N.E. 14 AVE.
CITY-ST-ZIP HALLANDALE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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

Day

Daytime Phone #

April 21, 2000 (954) 454-4441