

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90404 013 \*\*\*\*61.25

**DOCUMENT # 717367**

1. Entity Name

**MEADOWBROOK TOWERS CONDOMINIUM 'F', INC.**

Principal Place of Business

Mailing Address

620 NORTHEAST 12TH AVENUE  
 HALLANDALE FL 33009

LANDMARK MANAGEMENT SERVICES  
 9090 SHERIDAN ST. - STE 134  
 PEMBROKE PINES FL 33024-8800  
 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

4. FEI Number

59-1285784

Applied For

Not Applicable

Zip

Country

Zip

Country

33330

Broward

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDMARK MANAGEMENT SERVICE, 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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, FRIEDA	
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #404	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICELL, MIRIAM	
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #407	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	<del>D</del> (VP) Vice President	<input type="checkbox"/> Delete
NAME	PIGEON, ROCK	
STREET ADDRESS	620 NE 12TH AVE - #703	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DP President	<input type="checkbox"/> Delete
NAME	MARTICHELLO, ELSIE <i>Elsie Martichello</i>	
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #303	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	WRIGHT, ANITA	
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #402	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS MARIANI	
STREET ADDRESS	620 N.E. 12 AVE #204	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMY MOVENCY	
STREET ADDRESS	620 N.E. 12 AVE #601	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITA LAMOTHE	
STREET ADDRESS	620 NE 12 AVE. # 706	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elsie Martichello* WIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 - 954-458-7724

Date

Daytime Phone #

CR92927 (0/00)