

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90008 025 *****61.25

0032179

DOCUMENT # 722722

1. Entity Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #2,

Principal Place of Business

Mailing Address

G #2, INC.
421 N.E. 14TH AVE. - /D/
HALLANDALE FL 33009-7477

G #2, INC.
421 N.E. 14TH AVE. - /D/
HALLANDALE FL 33009-7477

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

59-1444264

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

FLAMM, BRUCE C
9400 S DADELAND BLVD.
SUITE 100
MIAMI FL 33156

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.

MEADOWBROOK BLD. #2 INC.
421 NE 14 AVE. #201

SIGNATURE **HALLANDALE FL 33009**

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

TITILE ☐ Delete
NAME **FLAMHAFT, EVA**
STREET ADDRESS **421 NE 14TH AVE, #705**
CITY-ST-ZIP **HALLANDALE FL**

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

TITILE ☐ Delete
NAME **CASTELBLANCO, CARLOS**
STREET ADDRESS **421 NE 14TH AVE, #**
CITY-ST-ZIP **HALLANDALE FL**

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

TITILE ☐ Delete
NAME **TZIMORANGAS, GEORGE**
STREET ADDRESS **421 NE 14TH AVE, #404**
CITY-ST-ZIP **HALLANDALE FL**

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

TITILE ☐ Delete
NAME **DEMEILLER, JOHN**
STREET ADDRESS **421 NE 14TH AVE, #708**
CITY-ST-ZIP **HALLANDALE FL**

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

TITILE ☐ Delete
NAME **CALLEJA, JOSEPH**
STREET ADDRESS **421 N.E. 14TH AVE #207**
CITY-ST-ZIP **HALLANDALE FL**

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

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ 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 another person employed.

SIGNATURE:

CARLOS CASTELBLANCO, TREASURER

4/05/01 (954) 456-1627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)