

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90448 016 ****61.25

DOCUMENT # 722722

1. Entity Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #2, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

City & State

City & State

Zip

Country

Zip

Country

SAME

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.

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

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

NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

T
NAME
CASTELBLANCO, CARLOS
STREET ADDRESS
421 NE 14TH AVE, #206
CITY-ST-ZIP
HALLANDALE FL ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

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

NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

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

NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

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

NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *JOSEPH CALLEJA* 6-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)