## NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SECRE TARY

ALLANDAL

DIRECTOR

GEORGE

421 NE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

## Jun 24, 2004 8:00 am **Secretary of State** DOCUMENT # 7221/ 1. Entity Name 06-24-2004 90078 010 \*\*\*\*61.25 MEADOWBROOK CONSO. APTS BLD # 2, INC. / DO NOT WRITE IN THIS SPACE 54058641 2. Principal Place of Busines 421 NE 3. Mailing Address 4 AVE. SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 101 City & State 4. FEI Number City & State Applied For HALLANDALE BCH. FLDRUA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required 7. Name and Address of Current Registered Agent Name ARLOS CASI DO NOT WRITE IN THIS SPACE YAZIANDALE BEH 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. I am familiar with, and accept the obligations of registered agent. SIĞNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Initial or Amended UBR Added to Fees OFFICERS AND DIRECTORS 10. TITLE PRESIDENT TITLE CR2E037B (12/02) NAME STREET ADDRESS STREET ADDRESS HALLONDALE BCH, CITY-ST-ZIP CITY-ST-ZIP 72.33005 CE. PRESIDENT TITLE TITLE NAME NAME JOHN DEMEILLER STREET ADDRESS STREET ADDRESS INE 14 AUE -H 708 CITY-ST-ZIP CHTY-ST-ZIP HALLANDALE TITLE TREASURER TITLE NAME NAME ARLOS J. CASTELBLANCO STREET ADDRESS STREET ADDRESS 425 NEJY AUE & DI DO NOT WRITE BCH, FL. CITY-ST-ZIP CITY-ST-ZIP LAZZANDALE

FILED

IN THIS SPACE

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 of trustee emprovered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

PLOS J. CASTELBLANG 6-21-DY SIGNATURE