2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
03-19-2001 90475 035 ****61.25

DOCUMENT # 724288

1. Entity Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #3,

Principal Place of Business	Mailing Address
500 NE 12TH AVE APT 503 HALLANDALE FL 33009	500 NE 12TH AVE APT 503 HALLANDALE FL 33009 US

DO NOT WRITE IN THIS SPACE

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 59-1444755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAER, MARY
500 N.E. 12TH AVE
APT 503
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name: ANGELO FRASCARELLI
Street Address (P.O. Box Number is Not Acceptable): 500 NE 12th Avenue
APT 706
City: HALLANDALE FL Zip Code: 33009

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 _____ ANGELO FRASCARELLI 03/14/2001
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIESEN, JOSEPH 500 NE 12TH AVE HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JULIETTE ANSELMO 500 NE 12th Avenue APT 503 HALLANDALE, FL 33009	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PROSPERI, CESAR 500 NE 12TH AVE HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KLAPPER, BEATRICE 500 NE 12TH AVE HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLDBERG, ALVIN 500 NE 12TH AVE HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMY STEINFELD 500 NE 12th Avenue APT 107 HALLANDALE, FL 33009	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONCULOV, VALENTINE 500 NE 12 AVE HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHELDON KAUFMAN 500 NE 12th Avenue APT 304 HALLANDALE, FL 33009	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PROSPERI, CESAR 500 N.E. 12TH AVE. HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Juliette Anselmo JULIETTE ANSELMO VP/President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 954-454-6339 Daytime Phone #