

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90215 030 \*\*\*\*61.25

**DOCUMENT # 724288**

1. Entity Name

**MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #3, INC.**

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~~

2. Principal Place of Business

**500 NE 12th AVE**

3. Mailing Address

**500 NE 12th AVE**

Suite, Apt. #, etc.

**Apt. 304**

Suite, Apt. #, etc.

**Apt. 706**

City & State

**HALLANDALE, FL 33009**

City & State

**HALLANDALE, FL 33009**

Zip  
**33009**

Country  
**USA**

Zip  
**33009**

Country  
**USA**

4. FEI Number

**59-1444755**

Applied For

Not Applicable

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

**FRASCARELLI, ANGELO  
500 N.E. 12TH AVE  
APT 706  
HALLANDALE FL 33009**

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

TITLE **D** ☒ Delete  
NAME **ANSELMO, JULIETTE**  
STREET ADDRESS **500 NE 12TH AVE APT 503**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ Change ☐ Addition  
NAME **Nadine Mayer**  
STREET ADDRESS **500 NE 12th Ave-Apt. 206**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **VP** ☐ Delete  
NAME **PROSPERI, CESAR**  
STREET ADDRESS **500 NE 12TH AVE**  
CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE **SD** ☐ Delete  
NAME **KLAPPER, BEATRICE**  
STREET ADDRESS **500 NE 12TH AVE**  
CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE **D** ☒ Delete  
NAME **STEINFELD, KAY**  
STREET ADDRESS **500 NE 12TH AVE APT., 107**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ Change ☐ Addition  
NAME **Selma Golberg**  
STREET ADDRESS **500 NE 12th Ave - Apt. 508**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **D** ☐ Delete  
NAME **KAUFMAN, SHELDON**  
STREET ADDRESS **500 NE 12TH AVE APT., 304**  
CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 all other like empowered.

**SIGNATURE:** *Sheldon Kaufman* **PRESIDENT-DIRECTOR**  
**SHELDON KAUFMAN** 03-26-02 - 954-454-2928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0015660