

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90147 029 \*\*\*\*61.25

**DOCUMENT # 724288**

1. Entity Name

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



Principal Place of Business

**500 NE 12TH AVE  
APT. 304  
HALLANDALE FL 33009**

Mailing Address

**500 NE 12TH AVE  
APT. 706  
HALLANDALE FL 33009  
US**

2. Principal Place of Business

**500 NE 12TH AVE**

3. Mailing Address

**500 NE 12TH AVE**

Suite, Apt. #, etc.

**APT. 206**

Suite, Apt. #, etc.

**APT. 706**

City & State

**HALLANADEL FL 33009**

City & State

**HALLANDALE FL 33009**

Zip

**33009**

Country

**USA**

Zip

**33009**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAYER, NADINE</b>	
STREET ADDRESS	<b>500 NE 12TH AVE-APT. 206</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PROSPERI, CESAR</b>	
STREET ADDRESS	<b>500 NE 12TH AVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KLAPPER, BEATRICE</b>	
STREET ADDRESS	<b>500 NE 12TH AVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SELMA, GOLBERG</b>	
STREET ADDRESS	<b>500 NE 12TH AVE-APT. 508</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KAUFMAN, SHELDON</b>	
STREET ADDRESS	<b>500 NE 12TH AVE APT., 304</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYER NADINE</b>	
STREET ADDRESS	<b>500 NE 12th AVE APT 206</b>	
CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROSPERI CESAR</b>	
STREET ADDRESS	<b>500 NE 12th AVE APT L)#</b>	
CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIESEN JOSEPH</b>	
STREET ADDRESS	<b>500 NE 12th AVE APT 402</b>	
CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANSELMO JULIETTE</b>	
STREET ADDRESS	<b>500 NE 12th AVE APT 503</b>	
CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZURZ LAVINEL</b>	
STREET ADDRESS	<b>500 NE 12th AVE APT 301</b>	
CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Nadine Mayer*  
**NADINE MAYER**

TREASURER DIRECTOR

**4/7/2003**

CR2E037 (10/02)