

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

0031909

**DOCUMENT # 730986**

1. Entity Name

**MEADOWBROOK LAKES CONDOMINIUM APARTMENTS BUILDIN**

03-06-2001 90014 017 \*\*\*\*61.25

Principal Place of Business

**1025 SOUTHEAST 2ND AVENUE  
DANIA FL 33004**

Mailing Address

**1025 SOUTHEAST 2ND AVENUE  
DANIA FL 33004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1603033**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LE BRUN, PAUL  
1025 SE 2 AVE  
#203  
DANIA BEACH FL 33004**

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 **PAUL LE BRUN**  
Signature, typed or printed name of registered agent and title if applicable.

*Paul Le Brun*  
(NOTE: Registered Agent signature required when reinstating)

**FEBRUARY 26, 2001**  
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 **HEXTER, JACK**  
STREET ADDRESS **1025 SE 2ND AVE #308**  
CITY-ST-ZIP **DANIA FL 33004**

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

TITLE **D** ☐ Delete  
NAME **HALL, BETTY**  
STREET ADDRESS **1025 SE 2ND AVE APT 408**  
CITY-ST-ZIP **DANIA FL**

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

TITLE **P** ☐ Delete  
NAME **LE BRUN, PAUL**  
STREET ADDRESS **1025 SE 2 AVE #203**  
CITY-ST-ZIP **DANIA BEACH FL 33004**

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

TITLE **D** ☒ Delete  
NAME **GRAVEL, JOE**  
STREET ADDRESS **1025 SE 2ND AVE #301**  
CITY-ST-ZIP **DANIA FL**

TITLE ☒ Change ☒ Addition  
NAME **GAGNON LAURENT**  
STREET ADDRESS **1025 SE 2 AVE #208**  
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE **S** ☒ Delete  
NAME **KEELY, DOROTHY**  
STREET ADDRESS **1025 SE 2 AVE #401**  
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE ☒ Change ☐ Addition  
NAME **DUMOULIN JEANPAUL**  
STREET ADDRESS **1025 SE 2 AVE #304**  
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **GUIBEMETTE PHIL**  
CITY-ST-ZIP **1025 SE 2 AVE #303**  
**DANIA BEACH FL 33004**

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: *Paul Le Brun*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEBRUARY 26, 2001**  
Date Daytime Phone #

CR2E037 (10/00)