FROM : QAULITY CARE! FAX NO. :

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91769 001 ***150.00

DOCUMENT # P99000093315

1. Entity Name
MEADOWBROOK ACADEMY OF FT. LAUDERDALE, INC.

Principal Place of Business	Mailing Address
232 NW 44TH AVENUE PLANTATION FL 33317	232 NW 44TH AVENUE PLANTATION FL 33317

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
4440 SW 21st Street		4440 SW 21st Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State: Fort Lauderdale FL		City & State: Fort Lauderdale FL	
Zip: 33317	Country: USA	Zip: 33317	Country: USA

4. FEI Number 65-0959797 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUBELL, STEVEN L ESQ
18250 N.W. 2ND AVE., 2ND FLOOR
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name: Denise Andrews
Street Address (P.O. Box Number is Not Acceptable): 232 nw 44th ave
City: Plantation FL Zip Code: 33317

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILMAN, DENISE ANDREWS 232 NW 44TH AVENUE PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #