DOCUMENT # 718260 **FILED** 1. Entity Name Jan 10, 2001 8:00 am Secretary of State LAUDERDALE OAKS CONDOMINIUM 7, INC. 01-10-2001 90071 039 ****61.25 Mailing Address Principal Place of Business 2861 N.W. 47TH TERRACE 2861 N.W. 47TH TERRACE FT. LAUDERDALE FL 33313 FT. LAUDERDALE FL 33313 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1357421 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORNECIS JACQUES Street Address (P.O. Box Number is Not Acceptable) 407 ROGER LAVOIE 2861 N.W. 47TH TERRACE FT. LAUDERDALE FL 33313 City LAUDERDALE Zip Code 333/3 LAKES 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 200/ SIGNATURE (NOTE: Registered Agent signature required when rein 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. CR2E037 (10/00) PO Addition ☐ Change Delete TITLE TITLE JEAN-GUY BERTRAND NAME NAME ROGER LAVOIE 2861 NW 47 TERRACE # 108 STREET ADDRESS STREET ADDRESS 2861 N.W. 47TH TERRACE #410 LAUDERDALG 333/3 LAKES CITY-ST-7IP LAUDERDALE LAKES FL T/5/0 Change ☐ Addition Delete TITLE TITLE JACOUES CORNELIS CORNELIS, JACQUES NAME 2861 NW 47" TERRACE # 407 2861 NW 47TH TERRACE #407 STREET ADDRESS STREET ADDRESS 333/3 CITY-ST-ZIP LAUDERDALE LAKES CITY-ST-ZIP FT. LAUDERDALE FL Change - Addition TITLE Delete TITLE PAUL , PIGERE JANKORD, LAMONT NAME NAME 2861 NW AT" TERRACE ¥ 307 STREET ADDRESS STREET ADDRESS 2861 NW 47TH TERRACE #106 333/3 CITY-ST-ZIP LAUDGROALE LAKES FL CITY-ST-ZIP LAUDERDALE LAKES FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI.E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CORNELIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

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954) 733 1701

Daytime Phone #

20010104

Date