

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90431 038 ****70.00

DOCUMENT # 706204

1. Entity Name

COLONIAL COURT APTS. ASSOCIATION, INC.

Principal Place of Business

1104 N 17TH COURT
 #105
 HOLLYWOOD FL 33020
 US

Mailing Address

1104 N 17TH COURT
 #105
 HOLLYWOOD FL 33020
 US

2. Principal Place of Business

3. Mailing Address

713 N.W. 7 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dania Beh, FL 33004

4. FEI Number

05-9706204

Applied For

Not Applicable

Zip

Country

Zip

Country

33004

BROWARD

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

GUY, LAUZON
 1104 N. 17 CT
 #106
 HOLLYWOOD FL 33020

Name

Kimberly D. SALVINO

Street Address (P.O. Box Number is Not Acceptable)

713 N.W. 7th AVE.

City

DANIA Beh.

FL

Zip Code

33004

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

Kimberly D. Salvino Sec/Treas.

March 6, 2001

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	PD	<input checked="" type="checkbox"/> Delete
NAME	JAKUES, LEEBURE	
STREET ADDRESS	1104 N. 17 CT #103	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GINGRAS, JEAN LOUIS	
STREET ADDRESS	1104 N. 17 CT #102	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CLEMENCE, HAMEL	
STREET ADDRESS	1104 N. 17 CT #105	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCO A. SALVINO SR.	
STREET ADDRESS	713 NW 7 AVE.	
CITY-ST-ZIP	DANIA Beh, FL. 33004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kimberly D. SALVINO	
STREET ADDRESS	713 N.W. 7 AVE	
CITY-ST-ZIP	Dania Beh, FL. 33004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Kimberly D. Salvino Sec/Treas.

Kimberly D.

SALVINO 3/6/01 WK# 9549255157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)