

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

DOCUMENT # 707017

Entity Name  
DAYNE LAKE GARDENS BUILDING "A", CORP., INC.



**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90920 026 \*\*\*\*61.25

0030054

Principal Place of Business N.E. 203 STREET APT A6 AVENTURA FL 33180		Mailing Address 2800 N.E. 203 STREET APT A6 AVENTURA FL 33180	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1235863		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  SMAGALA, JEAN 2800 N.E. 203 ST APT 6 A AVENTURA FL 33180		7. Name and Address of New Registered Agent Name: <u>Levesque, Marcel</u> Street Address (P.O. Box Number is Not Applicable): <u>2800 NE 203 ST #A1</u> City: <u>Aventura</u> FL Zip Code: <u>33180</u>	
--	--	--	--

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: Marcel Levesque V.P. Pres. DATE: 3/10/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LACAVA, FILIPPO 57 ANDES PLACE STATEN ISLAND NY 10314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWISSA, HAIM 2760 NE 203 ST AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.T.D MARCEL LEVESQUE 2800 NE 203 ST #A1 AVENTURA FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMAGALA, JEAN 2800 NE 203 STREET AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D STANLEY FIELDER 2800 NE 203 ST #A1 AVENTURA FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAJKOWSKI, DONNA 20201 NE 29 CT D # 224 AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINICK SCARTELLI 1202 S MAIN ST SCRANTON, PA. 18504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVESQUE, MARCEL 1105 ST LOUIS ST JEAN CHRYSOSTOME PQ CN G6Z- 2L3 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAOLO JORTARO 2216 E 184 STREET BROOKLYN NY 11223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAJKOWSKI, DONNA 20201 NE 29TH CT. #D-224 MIAMI FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Marcel Levesque V.P. Pres. DATE: 3/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)