

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

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

03-31-2003 90279 009 \*\*\*\*61.25

**DOCUMENT # 707581**

1. Entity Name  
**BISCAYNE LAKE GARDENS BUILDING "J" INC.**



Principal Place of Business  
**20200 NE 27 CT.  
MIAMI FL 33180**

Mailing Address  
**2865 NE 201 TERR  
AVENTURA FL 33180**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **59-1235863**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PHANEUF, MAURICE  
20200 NE 27 COURT  
UNIT # J-25  
AVENTURA FL 33180**

**7. Name and Address of New Registered Agent**

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. 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 **3/26/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PHANEUF, MAURICE	
STREET ADDRESS	20200 NE 27 COURT # J-25	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, LEYDA D	
STREET ADDRESS	20200 NE 27 COURT # J-25	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PHANEUF, SYLVIE	
STREET ADDRESS	20200 NE 27 COURT # J-25	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SWISSA, HAIM	
STREET ADDRESS	2760 NE 203 ST # 2	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNESTO AGUIRRE	
STREET ADDRESS	20200 NE 27 CT # J-1	
CITY-ST-ZIP	AVENTURA FL 33180	
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:

*[Signature]*  
SIGNATURE REQUIRED

**3/26/03**

CR2E037 (10/02)