

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90036 001 ***762.50



DO NOT WRITE IN THIS SPACE

DOCUMENT # 714094

1. Entity Name
BRADLEY HALL CONDOMINIUM CORP., INC.

Principal Place of Business LAUDERHILL TEN MGMT. CORP. 4311 NW 16 ST LAUDERHILL FL 33313 US	Mailing Address LAUDERHILL TEN MGMT. CORP. 4311 NW 16 ST LAUDERHILL FL 33313-7172 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-1319726**

Applied For Not Applicable

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
LAUDERHILL TEN MGMT CORP. 4301 N.W. 16TH ST. LAUDERHILL FL 33313	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.

SIGNATURE *Reine G. Reine* *deeds mgr.* 3/28/2000
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 NAME STREET ADDRESS CITY-ST-ZIP	D LEPAGE, MONIQUE 4311 NW 16TH ST B210 LAUDERHILL, FL 0 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPAGE, MONIQUE 4311 N.W. 16th STREET #207 LAUDERHILL, FL. 33313. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THORNQUIST, GAIL 4311 NW 16TH ST B209 LAUDERHILL FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THORNQUIST, GAIL 4311 NW 16th STREET #209 LAUDERHILL, FL. 33313. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, JOHN 4311 N.W. 16TH ST. UNIT 204 LAUDERHILL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, JOHN 4311 N.W. 16 STREET #204 LAUDERHILL, FL. 33313 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RUSSELL, MARIE 4311 NE 16TH ST B210 LAUDERHILL FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROULX, PAULINE 4311 N.W. 16th STREET #110 LAUDERHILL, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIRON, YVES 4311 NW 16 ST #302 LAUDERHILL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRON, YVES 4311 NW 16th STREET #302 LAUDERHILL, FL. 33313 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Reine G. Reine* **SIGNATURE REQUIRED** 02-01-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)