

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90112 001 \*\*\*762.50

**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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1319726**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 NEMIRE

Signature, typed or printed name of registered agent and title if applicable.

Reine Nemire

(NOTE: Registered Agent signature required when reinstating)

03-25-2001

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 **D**  Delete  
 NAME **LEPAGE, MONIQUE**  
 STREET ADDRESS **4311 NW 16TH ST #207**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D**  Change  Addition  
 NAME **LEPAGE, MONIQUE**  
 STREET ADDRESS **4311 N.W. 16th St. #207**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **VD**  Delete  
 NAME **THORNQUIST, GAIL**  
 STREET ADDRESS **4311 NW 16TH ST #209**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **V.D.**  Change  Addition  
 NAME **THORNQUIST, GAIL**  
 STREET ADDRESS **4311 N.W. 16th Street #209**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D**  Delete  
 NAME **REID, JOHN**  
 STREET ADDRESS **4311 N.W. 16TH ST. UNIT 204**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D**  Change  Addition  
 NAME **REID, JOHN**  
 STREET ADDRESS **4311 N.W. 16th. #204**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D**  Delete  
 NAME **PROULX, PAULINE**  
 STREET ADDRESS **4311 NW 16TH ST #110**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D.**  Change  Addition  
 NAME **PROULX, PAULINE**  
 STREET ADDRESS **4311 N.W. 16th. #110**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **DP**  Delete  
 NAME **MIRON, YVES**  
 STREET ADDRESS **4311 NW 16 ST #302**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D.P.**  Change  Addition  
 NAME **MIRON, YVES**  
 STREET ADDRESS **4311 N.W. 16th. #302**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: REINE G NEMIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/2001 954-733-1922

Date Daytime Phone #

CR2E037 (10/00)

DOC # 714094

65985



**LAUDERHILL TEN MANAGEMENT CORP.**

4301N.W. 16<sup>TH</sup> STREET LAUDERHILL, FL 33313-710

TEL : 954-733-1922

FAX : 954-733-2060

**BRADLEY HALL COMDOMINIUM**

**BOARD OF DIRECTOR /BUREAU DE DIRECTION**

**2001**

<b>B-302</b>	<b>PRESIDENT/ PRÉSIDENT</b>	<b>MIRON, Yves</b>	<b>739-2450</b>
<b>B-209</b>	<b>V.-PRESIDENT V-PRÉSIDENT</b>	<b>TORNQUIST, Gail</b>	<b>486-3644</b>
<b>B-207</b>	<b>DIRECTOR/ DIRECTEUR</b>	<b>LÉPAGE, Monique</b>	<b>484-7908</b>
<b>B-110</b>	<b>DIRECTOR/ DIRECTEUR</b>	<b>PROULX, Pauline</b>	<b>486-1757</b>
<b>B-204</b>	<b>DIRECTOR/ DIRECTEUR</b>	<b>REID, John</b>	<b>484-7953</b>