

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90007 018 \*\*\*\*61.25

**DOCUMENT # 740205**

1. Entity Name  
**2800 TERRA MAR CONDOMINIUM ASSN., INC.**

Principal Place of Business <b>1002 SYDENHAM          CHICOUTIMI, QUEBEC G7H 2H5          QUEBEC, CANADA</b>	Mailing Address <b>C/O CLEMENT BOURASSA          FT. LAUDERDALE FL 33304</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2800 TERRAMAR          Suite, Apt. #, etc.          APT # 7          City &amp; State          FORT LAUDERDALE FL          Zip          33304 Country          U.S.A.</b>	3. Mailing Address <b>2800 TERRAMAR          Suite, Apt. #, etc.          APT # 7          City &amp; State          FORT LAUDERDALE FL          Zip          33304 Country          U.S.A.</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DOYON, JACQUES  
 2800 TERRAMAR CONDOMINIUM  
 TERRAMAR STREET APT 6  
 FORT LAUDERDALE FL 33304**

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.

SIGNATURE \_\_\_\_\_ (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

TITLE VD	<input type="checkbox"/> Delete
NAME CLEMENT BOURASSA	
STREET ADDRESS 247 DES COMMANDEURS #6	
CITY-ST-ZIP LEVIS, QC G6V8A7	
TITLE PD	<input type="checkbox"/> Delete
NAME GAGNON, PIERRE	
STREET ADDRESS 5954 LAC SEPT-ILES	
CITY-ST-ZIP ST. RAYMOND QC G3L -257	
TITLE SD	<input type="checkbox"/> Delete
NAME MARLENE, LAIBERTE	
STREET ADDRESS 1002 SYDENHAM	
CITY-ST-ZIP CHICOUTIMI, QUEBEC	
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	<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: CLEMENT BOURASSA **SIGNATURE REQUIRED** *Feb 9<sup>th</sup> 2000* 954-564-3033  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)