2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 740205 1. Entity Name 2800 TERRA MAR CONDOMINIUM ASSN., INC.					Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90144 045 ****61.25				
Principal Place of Business 2800 TERRAMAR APT #7 FORT LAUDERDALE FL 33304 US		Mailing Address 2800 TERRAMAR APT #7 FORT LAUDERDALE FL 33304		WE TOO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
1	al Place of Business	US 3. Mailing Address					i din di di di di di di	in bibir bibir ibb	1
Suite, A	pt. #, etc.					11811 88118 11811 88181 8111 <u>1</u>	HAN BIAN BIAN HI		
, , , , , ,		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & S	State	City & State			4. FEI Number NOT APPLICABLE Applied For				
Zip	Country	Zip	Country					Not Applica	ole
	6. Name and Address of Current F	Registered Agent	<u> </u>		5. Certificate of S	 -	' Fee Requ	Additional uired	
		registered Agent	Name	<u> </u>	7. Name and Add	fress of New Registe	ered Agent		_
2800 T	N, JACQUES ERRAMAR CONDOMINIUM MAR STREET APT 6			Street Address (P.O. Box Number is Not Acceptable)					
FORT L	AUDERDALE FL 33304 ve named entity submits this statement for ations of registered agent.		City		·		FL Zip C	ode	_
SIGNATURE	Signature, typed or printed name of registered agent and		E: Registered Agent signs npaign Financing contribution.		hen reinstating) 55.00 May Be dded to Fees	Make Cr	neck Payabl	e to	
10.	OFFICERS AND DIRE	ı			loded to rees	Florida De	partment of	State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD CLEMENT BOURASSA 247 DES COMMANDEURS #6 LEVIS, QC G6V8A7	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	DITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GAGNON, PIERRE 5954 LAC SEPT-ILES ST. RAYMOND QC G3L -257 VD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	1000
NAME STREET ADDRESS CITY-ST-ZIP	DOYON, JACQUES 1614 10TH RUE OUEST ST COME QUEBEC CA GOM- 1J0	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
IAME TREET ADDRESS ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	-
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TLE AME REET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	

2. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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Jan 72 2003 954-564.3033