

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50373

1. Entity Name

CONDOMINIUM BONAIRE 204, INC.

Principal Place of Business

200 S BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131
US

Mailing Address

200 S BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131-2310
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0109575

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

ROSSZ FIU CORPORATION
200 S BISCAYNE BLVD
20TH LOOR
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CLOUTIER, JACQUES	
STREET ADDRESS	67-201 BOUL FAFARD	
CITY-ST-ZIP	BAIE ST PAUL QUEBEC G3-Z2J7	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILBERT, HERMANN	
STREET ADDRESS	67-201 BOUL FAFARD	
CITY-ST-ZIP	BAIE ST PAUL QUEBEC G3-Z2J7	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PAQUET, JEAN-DENIS	
STREET ADDRESS	67-201 BOUL FAFARD	
CITY-ST-ZIP	BAIE ST PAUL QUEBEC G3-Z2J7	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHEEZAM, JAN C	
STREET ADDRESS	701 BRICKELL AVE STE 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEEZEM, Jan C.	
STREET ADDRESS	200 S. Biscayne Blvd, 20th Fl	
CITY-ST-ZIP	Miami FL 33131	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

305 358 7605

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)