

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90089 001 ***150.00

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
 US**

00020350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 S. Biscayne Blvd.

3. Mailing Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 850

Suite, Apt. #, etc.

Suite 850

City & State

Miami, FL 33131

City & State

Miami, FL 33131

4. FEI Number

98-0109575

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd. Suite 850

City

Miami

FL

Zip Code
33131

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 *Rossz Fiu Corporation*
By: [Signature] Jan Carlos Cheezem, Pres. 2/6/01
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P CLOUTIER, JACQUES 67-201 BOUL FAFARD BAIE ST PAUL QUEBEC G3-Z2J7	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cloutier Jacques 975 Boul MGR de Laval Suite 201 Baie St Paul, QUEBEC G3Z 2W3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILBERT, HERMANN 67-201 BOUL FAFARD BAIE ST PAUL QUEBEC G3-Z2J7	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gilbert HERMANN 975 Boul MGR de Laval Suite 201 Baie St Paul, QUEBEC, G3Z 2W3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAQUET, JEAN-DENIS 67-201 BOUL FAFARD BAIE ST PAUL QUEBEC G3-Z2J7	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAQUET JEAN-DENIS 975 Boul MGR de Laval Suite 201 Baie St Paul, QUEBEC, G3Z 2W3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHEEZEM, JAN C 200 S BISCAYNE BLVD., 20TH FL MIAMI FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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

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: *Jacques Cloutier President*
[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February, 17, 2001 1-418-435-6310
 Date Daytime Phone #

CR2E034 (10/00)