

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90171 035 \*\*\*150.00

**DOCUMENT # L50373**

**1. Entity Name**  
**CONDOMINIUM BONAIRE 204, INC.**

**Principal Place of Business**

**201 S. BISCAYNE BLVD**  
**SUITE 850**  
**MIAMI FL 33131**  
**US**

**Mailing Address**

**201 S. BISCAYNE BLVD**  
**SUITE 850**  
**MIAMI FL 33131**  
**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**  
**SUITE 850**  
**MIAMI FL 33131**

Name  
 (address change only)

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

**201 S. Biscayne Boulevard, 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**

*Jan Carson Cheezem, President*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/18/02**

**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, 2002 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	<b>P</b> <b>CLOUTIER, JACQUES</b> <b>975 BOUL MORDELAVAL, STE 201</b> <b>BAIE ST PAUL QB G3-Z2W3</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HERMANN, GILBERT</b> <b>975 BOUL MORDELAVAL, STE 201</b> <b>BAIE ST PAUL QB G3-Z2W3</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>JEAN-DENIS, PAQUET</b> <b>975 BOUL MORDELAVAL, STE 201</b> <b>BAIE ST PAUL QB G3-Z2W3</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>CHEEZEM, JAN C</b> <b>200 S BISCAYNE BLVD., 20TH FL</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(address correction only) <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>975 Boul MGR.-De Laval, #201</b> <b>Baie St. Paul, QB G37 2W3</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>975 Boul MGR.-De Laval, #201</b> <b>Baie St. Paul, QB G37 2W3</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>975 Boul MGR. -De Laval, #201</b> <b>Baie St. Paul, QB G37 2W3</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>201 S. Biscayne Blvd. Suite 850</b> <b>Miami, FL 33131</b>
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"/> 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (9/01)