

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90134 019 ***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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION
201 S BISCAYNE BLVD
SUITE 850
MIAMI FL 33131

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CLOUTIER, JACQUES	
STREET ADDRESS	975 BOUL MGR-DE LAVAL, #201	
CITY-ST-ZIP	BAIE ST. PAUL QB G37- 2W3	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HERMANN, GILBERT	
STREET ADDRESS	975 BOUL MGR. - DE LEVAL, #201	
CITY-ST-ZIP	BAIE ST. PAUL QB G37- 2W3	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JEAN-DENIS, PAQUET	
STREET ADDRESS	975 BOUL MGR. - DE LEVAL, #201	
CITY-ST-ZIP	BAIE, ST. PAUL QB G37- 2W3	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHEEZEM, JAN C	
STREET ADDRESS	201 S. BISCAYNE BLVD. SUITE 850	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUTIER JACQUES	
STREET ADDRESS	975 BOUL MGR DE LAVAL #201	
CITY-ST-ZIP	BAIE ST PAUL, QB, G37- 2W3	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	cloutier Andre	
STREET ADDRESS	1275 James Lemoine	
CITY-ST-ZIP	Sillery, QB, G15 1A1	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paquet Jean-Denis	
STREET ADDRESS	975 BOUL MGR DE LAVAL #201	
CITY-ST-ZIP	BAIE ST PAUL, QB, G37- 2W3	
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 607, 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:

Jacques Cloutier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACQUES CLOUTIER

JANUARY 28, 2003 1-418-435-6310

Date

Daytime Phone #

CR2E034 (10/02)