

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90206 038 \*\*\*\*70.00

**DOCUMENT # N08459**

1. Entity Name

**SEVILLE COURT RESIDENTS' ASSOCIATION, INC.**

Principal Place of Business

**403 N.E. 4TH AVE  
 HALLANDALE FL 33009  
 US**

Mailing Address

**353 NE MAPLE  
 HALLANDALE FL 33009  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**409 N.E. 4TH COURT**

City & State

City & State

**HALLANDALE, FL.**

Zip

Country

Zip

Country

**33009 U.S.A.**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LE PELLE, DOLORES  
 338 MAPLE ST NE  
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

**RAYMOND - SIROIS**

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

**409 N.E. 4TH COURT**

City

**HALLANDALE**

**FL**

Zip Code

**33009**

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

*Raymond Sirois*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Raymond Sirois 01/26/02*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete  
 NAME **CORBEIL, CLAUDETTE**  
 STREET ADDRESS **449 N.E. 5TH STREET**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☒ Delete  
 NAME **SIMONEAU, ANDRE**  
 STREET ADDRESS **405 NE 4TH CT**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **P** ☒ Delete  
 NAME **DUBE, MARGUERITE**  
 STREET ADDRESS **353 N.E. MAPLE STREET**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☒ Delete  
 NAME **LECOMPTE, HENRI**  
 STREET ADDRESS **339 N.E. 4TH CT.**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☐ Delete  
 NAME **LE PELLE, DOLORES**  
 STREET ADDRESS **338 MAPLE ST NE**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
 NAME **REAL VACHON**  
 STREET ADDRESS **421 N.E. 5TH ST.**  
 CITY-ST-ZIP **HALLANDALE 33009**

TITLE **S.T** ☒ Change ☐ Addition  
 NAME **RAYMOND SIROIS**  
 STREET ADDRESS **409 N.E. 4TH COURT**  
 CITY-ST-ZIP **HALLANDALE 33009**

TITLE **D** ☒ Change ☐ Addition  
 NAME **JACQUES LAJOIE**  
 STREET ADDRESS **512 6TH AVENUE**  
 CITY-ST-ZIP **HALLANDALE 33009**

TITLE **D** ☒ Change ☐ Addition  
 NAME **ROLAND ROBERGE**  
 STREET ADDRESS **380 NE 4TH COURT**  
 CITY-ST-ZIP **HALLANDALE 33009**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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:

*Raymond Sirois* **RAYMOND SIROIS** **01/26/02** **954-454-1638**

CR2E037 (9/01)