

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90115 022 ****61.25

DOCUMENT # N10784

1. Entity Name

HIGHLAND VILLAGE RESIDENTS COMMITTEE INC.

Principal Place of Business

Mailing Address

2394 NE 136TH LANE
 N. MIAMI BCH FL 33181
 US

13730 HIGHLAND DR
 2260 N.E. 136TH ST.
 N. MIAMI BEACH FL 33181
 US

2. Principal Place of Business

3. Mailing Address

2394 NE 136 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N MIAMI BEACH FL

City & State

City & State

33181

DADE

Zip

Country

Zip

Country

33181

DADE

4. FEI Number

59-2680097

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

Name

DE

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

BERNARD, JEAN FRANCOIS
2394 NE 136TH LANE
NORTH MIAMI BEACH FL 33181

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNARD, JEAN FRANCOIS 2394 NE 136TH LANE MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BOUCHARD, ROMUALD 2399 NE 137TH ST N MIAMI BEACH FL 33181	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAPRADE, MARCEL 2310 NE 135TH TER N MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOREAU, ROLAND 2431 NE 136TH ST N MIAMI BEACH FL 33181	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGLOIS, GILLES 2280 NE 135TH LANE N MIAMI BEACH FL 33181	<input checked="" type="checkbox"/> Delete
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	VP GUILLEMETTE, BENOÎT 3398 NE 136 LANE N MIAMI BEACH FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORISSETTE, LIONEL 2225 NE 136 TERRACE N MIAMI BEACH FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALTAIS, FRANCINE 2394 NE 136 LANE N MIAMI BEACH FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTURE, NORMAND 2228 NE 136 LANE N MIAMI BEACH FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JEAN FRANCOIS BERNARD*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 *605-608-1858*
 Date Daytime Phone #

CR2E037 (9/01)