

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000666

1. Entity Name

SEA ESTA PARK MOBILE TENANTS ASS., INC.

FILED

Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90008 006 ****61.25

Principal Place of Business

312 SEA ESTA LANE
HALLANDALE FL 33009
US

Mailing Address

312 SEA ESTA LANE
HALLANDALE FL 33009
US

2. Principal Place of Business

332 SEA ESTA LANE
Suite, Apt. #, etc.

3. Mailing Address

332 SEA ESTA LANE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE FL.

City & State

HALLANDALE FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33009

Country

U.S.

Zip

33009

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAUCHER, JEANNE
312 SEA ESTA LANE
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

NEVEU JACQUES

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

332 SEA ESTA LANE

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

Jacques Neveu

JACQUES NEVEU

03-12-01

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

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FAUCHER, JEANNE	
STREET ADDRESS	312 SEA ESTA LANE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	P	<input type="checkbox"/> Delete
NAME	PLANTE, JEAN GUY	
STREET ADDRESS	328 SEA ESTA LANE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAMEL, SHIRLEY	
STREET ADDRESS	306 71ST N.E.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOUSIGNANT, RAYMOND	
STREET ADDRESS	318 SEA ESTA LANE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMTOIS, MARCEL	
STREET ADDRESS	301 N.E. 6TH STREET	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVEU JACQUES	
STREET ADDRESS	332 SEA ESTA LANE	
CITY-ST-ZIP	HALLANDALE FL. 33009	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	326 NE 7TH ST.	
STREET ADDRESS	HALLANDALE FL. 33009	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROTEAU EMILIE	
STREET ADDRESS	316 SEA ESTA LANE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DECHAMPLAIN ROSE	
STREET ADDRESS	307 SEA ESTA LANE	
CITY-ST-ZIP	HALLANDALE FL. 33009	
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 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:

Jacques Neveu
JACQUES NEVEU

03-12-01

Date

Daytime Phone #

CR2E037 (10/00)