

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90131 003 ***150.00

05/08/02 AI

DOCUMENT # F94000001888

1. Entity Name
KAYCAN LTD. INCORPORATED

Principal Place of Business

**402 BOYER CIRCLE
 WILLISTON VT 05495
 US**

Mailing Address

**402 BOYER CIRCLE
 WILLISTON VT 05495
 US**

002114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1649422

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GARELLEK, STEVEN
 7000 W. PALMETTO PK. RD. #300
 BOCA RATON FL 33433**

Name

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

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

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	P	<input type="checkbox"/> Delete
STREET ADDRESS	DUBROFSKY, LIONEL	
CITY-ST-ZIP	3075 TRANS CANADA HIGHWAY POINTE CLAIRE QC H9-R1B4	
TITLE NAME	V	<input type="checkbox"/> Delete
STREET ADDRESS	RAINVILLE, REAL	
CITY-ST-ZIP	3075 TRANS CANADA HIGHWAY - POINTE CLAIRE QU H9-R1B4	
TITLE NAME	ST	<input type="checkbox"/> Delete
STREET ADDRESS	DUBROFSKY, TAMI	
CITY-ST-ZIP	3075 TRANS CANADA HIGHWAY POINTE CLAIRE QU H9-R1B4	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2002 **802-865-0114**
 Date Daytime Phone #