

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90113 038 ***150.00

DOCUMENT # F94000005651

1. Entity Name

LA PALOMA HOLDINGS, INC.

Principal Place of Business

**5935 BOULLEGER
 SUITE 207
 MONTREAL-NORD QU HIG6E
 US**

Mailing Address

**9200 MILITARY TRAIL
 BOYNTON BEACH FL 33436**

UUUU9614



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

NOT APPLICABLE

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

**FINET, JAKUES
 9200 MILITARY TRAIL,
 LOT 175
 BOYNTON BEACH FL 33436**

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, 2001 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	P <input checked="" type="checkbox"/> Delete
NAME	FINET, JAKUES
STREET ADDRESS	316 CH BOMBARDIER
CITY-ST-ZIP	LAC BROMPTON QUE CAN
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BERNATCHEZ, JEAN-YVES
STREET ADDRESS	921 DES EPINLDRES
CITY-ST-ZIP	BAIE CAMEA U.P.QUE CA
TITLE	TD <input type="checkbox"/> Delete
NAME	BOUFFARD, THERESE
STREET ADDRESS	500 NEUVE FRANCE
CITY-ST-ZIP	ST JEAN RICHARDSON QUE CA
TITLE	VD <input type="checkbox"/> Delete
NAME	MARTEL, PAUL
STREET ADDRESS	47 JARDINS DES TOURELLES
CITY-ST-ZIP	ROSEMERE QUE CA
TITLE	SD <input type="checkbox"/> Delete
NAME	MONETTE, MAURICE
STREET ADDRESS	212 NOTRE DAME, #304
CITY-ST-ZIP	REPENTIGNY QUE CA J6A 8
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUPONT, ROGER
STREET ADDRESS	1090, 100RUE
CITY-ST-ZIP	LAC DE LA TORTUE, QUE, CA. G0K-1L0
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Therese Bouffard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01

Date

541-732-1304

Daytime Phone #

CR2E034 (10/00)