

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90035 050 \*\*\*150.00

**DOCUMENT # F94000005652**

1. Entity Name  
**LA PALOMA INVESTORS (SOUTH) INC.**

Principal Place of Business 5835 BOULLEGER #207 MONTREAL-NORD. QUEBEC H1G 6E1 CANADA	Mailing Address 9200 MILITARY TRAIL BOYNTON BEACH FL 33436-7038
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number	<b>NOT APPLICABLE</b>	Applied For
		Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 *Jacques Finet* (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, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FINET, JACQUES</b>	
STREET ADDRESS	<b>316 CH BOMBARDIER</b>	
CITY-ST-ZIP	<b>LAC BROMPTON OU</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BERNATCHEZ, JEAN-YVES</b>	
STREET ADDRESS	<b>921 DES EPILDRES</b>	
CITY-ST-ZIP	<b>BAIE CAMEAU</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MONETTE, MAURICE</b>	
STREET ADDRESS	<b>212 NOTRE DAME #304</b>	
CITY-ST-ZIP	<b>REPENTIANY QUE CA J6A8G</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BEAUDOIN, MAURICE</b>	
STREET ADDRESS	<b>194 CHEMIN DE LA STATION, ST. GARMAIN, QUE</b>	
CITY-ST-ZIP	<b>CANADA J0C 1K0</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FINET, JACQUES</b>	
STREET ADDRESS	<b>316 CH. BOMBARDIER</b>	
CITY-ST-ZIP	<b>LAC BROMPTON QU</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TAILEFER, CLAUDE</b>	
STREET ADDRESS	<b>209 CH DE LA CHAUDIERE</b>	
CITY-ST-ZIP	<b>ST NICOLAS OQ</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNATCHEZ, JEAN-YVES</b>	
STREET ADDRESS	<b>921 DES PILOBES</b>	
CITY-ST-ZIP	<b>BAIE CAMEAU P. QUE CAN</b>	
TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONETTE, MAURICE</b>	
STREET ADDRESS	<b>212 NOTRE DAME #304</b>	
CITY-ST-ZIP	<b>REPENTIGNY QUE. CAN</b>	
TITLE	<b>T/O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOUFFARD, THERISE</b>	
STREET ADDRESS	<b>500 NEUVE FRANCIS</b>	
CITY-ST-ZIP	<b>ST JEAN RICHELIEU QUE. CAN</b>	
TITLE	<b>V/O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTEL, PAUL</b>	
STREET ADDRESS	<b>97 JARDINS DES TOURELLES</b>	
CITY-ST-ZIP	<b>ROSEMERE QUE. CAN</b>	
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: *Jacques Finet* Date: **01/05/00** (561) 732 1306  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #