## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 19, 2002 8:00 am Secretary of State F94000005652 DOCUMENT # 1. Entity Name 05-19-2002 90190 014 \*\*\*150 00 LA PALOMA INVESTORS (SOUTH) INC. Principal Place of Business Mailing Address 5835 BOULLEGER #207 9200 MILITARY TRAIL 854937 MONTREAL-NORD. QUEBEC HIG 6E1 **BOYNTON BEACH FL 33436** CANADA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOUFFARD, THERESE FINET, JACQUES Street Address (P.O. Box Number is Not Acceptable) 9200 5 M 12174 Ry TRA: #033 9200 MILITARY TRAIL LOT 175 **BOYNTON BEACH FL 33436** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DUPONT, ROGER Change ☐ Delete TITLE DUPONT, ROGER NAME NAME 1090, 100 RUE 1090, 100 AVE STREET ADDRESS STREET ADDRESS LAC DE LATORTUE, QUE CA GOX-ILO LAC BROMPTON OU CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE LANCTOT, MICHEL 204 RUE MAR VEL RAF BERNATCHEZ, JEAN-YVES NAME NAME CANTON MAGOR, ONE LA JIX-3W5 STREET ADDRESS 921 DES EPILDRES STREET ADDRESS BAIX CAMEA U P.QUE CA CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition SD TITLE TITLE NAME MONETTE, MAURICE NAME STREET ADDRESS 212 NOTRE DAME #304 STREET ADDRESS REPENTIGNY QUE. CA CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME BOUFFARD, THERESE NAME STREET ADDRESS **500 HEUVE FRANCE** STREET ADDRESS CITY-ST-ZIP ST JEAN RICHARDSON QUE. CA CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME MARTEL, PAUL NAME 97 JARDINI DES TOURELLES STREET ADDRESS STREET ADDRESS ROSEMERE QUE. CA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS.

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR

541-732-1306