

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90015 040 \*\*\*158.75

**DOCUMENT # K88855**

1. Entity Name

Canadian Funds Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

6670 SE 96 PLace Road

3. Mailing Address

48 E. Flagler #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #12

City & State

Belleview, FL

City & State

Miami, FL

4. FEI Number

65-0120439

Applied For

Not Applicable

Zip

34420

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

80085226

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
A. Alexander

Street Address (P.O. Box Number is Not Acceptable)  
1602 Alton Road #500

City  
Miami Beach

FL

Zip Code  
33139

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, 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

TITLE	D-VP-S	<input type="checkbox"/> Delete
NAME	Alexander, A.	
STREET ADDRESS	1602 Alton Road #500	
CITY - ST - ZIP	Miami Beach, FL 33139	
TITLE	T-AS	<input type="checkbox"/> Delete
NAME	Roche, I.	
STREET ADDRESS	1602 Alton Road #500	
CITY - ST - ZIP	Miami Beach, FL 33139	
TITLE	VP-AS	<input type="checkbox"/> Delete
NAME	Anstiss, L.	
STREET ADDRESS	1602 Alton Road #500	
CITY - ST - ZIP	Miami Beach, FL 33139	
TITLE	P-AS	<input type="checkbox"/> Delete
NAME	Vallee, S.	
STREET ADDRESS	6670 SE 96 PLace Rd.	
CITY - ST - ZIP	Belleview, FL 34420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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  A. Alexander

4/25/00 N/A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #