

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90168 017 ***150.00

0687243 IN

DOCUMENT # P15809
 1. Entity Name
152945 CANADA INC.

Principal Place of Business 5435 DE TERREBONNE. SUITE 101 MONTREAL. P.Q. H4A3R7 CANADA	Mailing Address 5435 DE TERREBONNE. SUITE 101 MONTREAL. P.Q. H4A3R7 CANADA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17098 COLLINS AVE	3. Mailing Address 17098 COLLINS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SUNNY ISLES BEACH	City & State SUNNY ISLES BEACH
Zip 33160	Zip 33160
Country	Country

4. FEI Number 52-1495817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**LESNIAK, STEFAN
 17094 COLLINS AVE., SUITE 204
 MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent
 Name **LESNIAK, STEFAN**
 Street Address (P.O. Box Number is Not Acceptable)
17098 COLLINS AVENUE
 City **SUNNY ISLES BEACH** FL Zip Code **33160**

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 *Stefan Lesniak* **STEFAN LESNIAK** DATE **3/18/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS LESNIAK, STEFAN 7 COLECHESTER HAMPSTEAD, QUEBEC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERSZON, ELAINE ROSNER 95 PRINCE ARTHUR TORONTO, ONTARIO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESNIAK, STANLEY 191 HARLAND HAMPSTEAD, CANADA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Stefan Lesniak* **STEFAN LESNIAK** Date **3/18/02** Daytime Phone # **(305) 945-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)