

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2002 90038 006 ***150.00

DOCUMENT # **P15810**

1. Entity Name
152944 CANADA INC.

Principal Place of Business 17094 COLLINS AVE SUITE A104 MIAMI BEACH FL 33160	Mailing Address 17094 COLLINS AVE SUITE A104 MIAMI BEACH FL 33160
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2. Principal Place of Business 17098 COLLINS AVE Suite, Apt. #, etc.	3. Mailing Address 17098 COLLINS AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SUNNY ISLES BEACH	City & State SUNNY ISLES BEACH	4. FEI Number 52-1495706	Applied For <input type="checkbox"/> Not Applicable
Zip 33160	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLINE, ARTHUR J 2865 S. BAYSHORE DRIVE, S-903 COCONUT GROVE FL 33133	7. Name and Address of New Registered Agent Name LESNIAK, ROMAN Street Address (P.O. Box Number is Not Acceptable) 17098 COLLINS AVE City SUNNY ISLES BEACH FL Zip Code 33160
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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 *Roman Lesniak* **ROMAN LESNIAK** **3-18-2002**
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) <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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASPD LESNIAK, ROMAN 6005 CAVENDISH BLVD PH3 COTE ST. LUC, QUEBEC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESNIAK, IRWIN 6005 CAVENDISH BLVD PH3 COTE ST LUC, QUEBEC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LESNIAK, GRACE 6005 CAVENDISH BLVD PH3 C.S.L, QUEBEC <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Roman Lesniak* **SIGNATURE ROMAN LESNIAK** **3-18-2002** **1-305-945-1050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)