

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90093 002 ***158.75

DOCUMENT # P96000036557

1. Entity Name
AMCAN FASTENERS, INC.

Principal Place of Business 3661 NW 126TH AVENUE CORAL SPRINGS FL 33065	Mailing Address 3661 NW 126TH AVENUE CORAL SPRINGS FL 33065-2426
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0696233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGEL, ALEXANDER
3661 N.W. 126TH AVE.
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 _____
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	<input type="checkbox"/> Delete
NAME PASCHINI, JEAN	
STREET ADDRESS 3661 NW 126TH AVENUE	
CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE D	<input type="checkbox"/> Delete
NAME CALGARO, JEAN	
STREET ADDRESS 3661 NW 126TH AVE	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 SECRETARY-TREASURER & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PASCHINI, MARISE	
STREET ADDRESS 8988, AETERNA	
CITY-ST-ZIP ST. LEONARD, QUEBEC, CANADA	
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PASCHINI, PIERRE	
STREET ADDRESS 196 GRANDE-COTE	
CITY-ST-ZIP BOISBRIAND, QUEBEC, CANADA	
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LABELLE, PIERRE	
STREET ADDRESS 80 STE. CLAIRE PLACE	
CITY-ST-ZIP LAVAL, QUEBEC, CANADA	
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
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 officers/directors empowered.

SIGNATURE: *Marise Paschini* **REQUIRED** 01-28-2000 (800) 263-7360
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E034 (9/99)