

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90037 043 ***150.00

DOCUMENT # V00705

1. Entity Name

999 INVESTMENT, INC.

Principal Place of Business

555 N. RIVERSIDE DR.
 POMPANO BEACH FL 33062

Mailing Address

555 N. RIVERSIDE DR.
 POMPANO BEACH FL 33062-4716

CU046998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. *MAILING ADDRESS*

999 INVESTMENT INC.
338 CHANOINE-PEPIN ST.
BELOEIL QUE CAN J3G3A5
(514) 467-0923

4. FEI Number **65-0341282**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Regi:

ALLARD, ROGER
AQUA MAR CONDOMINIUM
555 N. RIVERSIDE DR., #1
POMPANO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ALLARD, ROGER	555 N. RIVERSIDE DR., #1	POMPANO BEACH FL	<input type="checkbox"/>
D	LALUMIERE, NORMAND	555 N. RIVERSIDE DR., #7	POMPANO BEACH FL	<input type="checkbox"/>
D	HOUE, FERNAND	555 N. RIVERSIDE DR., #14	POMPANO BEACH FL	<input type="checkbox"/>
D	PEPIN, PIERRE	555 N. RIVERSIDE DR.	POMPANO BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MM/20/2000 450-467-0923
 Date Daytime Phone #

CR2E034 (9/99)