

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
 02-14-2000 90170 036 ***150.00

DOCUMENT # F93000000607

1. Entity Name

136401 CANADA INC.

Principal Place of Business

Mailing Address

**9 WICK CRESCENT
 GLOUCESTER ON K1J -7H1**

**P O BOX 46069
 2339 OGILICE RD
 GLOUCESTER ON K1J-9
 US**

B0019115

2. Principal Place of Business

as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Gloucester Ont. Canada

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

K1J 7H1

Zip

Country

4. FEI Number

52-1814359

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUNTON REGISTERED AGENTS INC.
 4710 N.W. BOCA RATON BLVD., #101
 BOCA RATON FL 33431**

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 **P** ☐ Delete
 NAME **FINLAY, THERESE**
 STREET ADDRESS **9 WICK CRESCENT**
 CITY-ST-ZIP **GLOUCESTER ON K1J -JH1**

TITLE **S** ☐ Delete
 NAME **FINLAY PARENT, DEBORAH**
 STREET ADDRESS **1356 FALLINGBROOK RIDGE**
 CITY-ST-ZIP **ORLEANS ON K4A -2A8**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Therese Finlay President Feb 3/2000 743-273