

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51931

1. Entity Name

5880-406, INC.

Principal Place of Business

Mailing Address

C/O JOHN V. QUINLAN
1401 MANATEE AVE W., SUITE 920
BRADENTON FL 34205

C/O JONATHAN CHAIT, ESQUIRE
52 SUMMIT CIRCLE
MONTREAL, QU CANADA H3Y 1B3
CA

2. Principal Place of Business

3. Mailing Address

601 12th Street West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRADENTON, FLORIDA

Zip

Country

Zip

Country

34205

USA

H3Y1B3

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINLAN, JOHN Y ESQ
1401 MANATEE AVE W.
SUITE 920
BRADENTON FL 34205

Name JOHN V. QUINLAN

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

601 12th Street West

BRADENTON

FL

Zip Code 34205

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CHAIT, JONATHAN	52 SUMMIT CIRCLE	MONTREAL, CANADA H3Y 1B3	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			H3Y1B3	<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"/>
				<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jonathan Chait April 8/00

514. 781. 2251

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90032 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)