

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90971 024 ***150.00

DOCUMENT # F93000000607

1. Entity Name
136401 CANADA INC.

DO NOT WRITE IN THIS SPACE

B0057477

2. Principal Place of Business
1537 ALINE AVE.
Suite, Apt. #, etc.

3. Mailing Address
1537 ALINE AVE.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLEANS ON CANADA
Zip Country
K4A 3Y7

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ORLEANS ON CANADA
Zip Country
K4A 3Y7

4. FEI Number
52-1814359
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BRUNTON REGISTERED AGENTS INC.
Street Address (P.O. Box Number is Not Acceptable)
4710 NW 2ND AVENUE #101
City **BOCA RATON** **FL** **Zip Code** **33431**

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) ☒

January 1 - May 15 Fee is \$150.00
After May 15 Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
THERESE FINLAY
1537 ALINE AVE.
ORLEANS ON CANADA K4A 3Y7

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
DEBORAH FINLAY PARENT
1356 FALLINGBROOK RIDGE
ORLEANS ON CANADA K4A 2A8

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Therese Finlay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 23/2002
Date

Daytime Phone #

CR2E034B (12/01)