

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 287913

1. Entity Name

CANMONT INTERNATIONAL INC

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90046 050 ***150.00

Principal Place of Business

Mailing Address

901 EAST 10TH AVENUE
SUITE 11
HIALEAH FL 33010
US

ONE TAMPA CITY CENTER
SUITE 1900
TAMPA FL 33602-5813
US

2. Principal Place of Business

1399 SW First Avenue

3. Mailing Address

1399 SW First Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

Suite 301

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33130-4388

33130-4388

4. FEI Number

59-1087489

Applied For

Not Applicable

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

COBB, THOMAS
COBB & EBIN, P.A.
1399 S.W. FIRST AVENUE., STE 301
MIAMI FL 33130-4388

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME DALFEN, CELIA
STREET ADDRESS 4444 STE-CATHERINE WEST., STE 100
CITY-ST-ZIP WESTMONT QUEBEC CANADA H3Z1R-2

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME DALFEN, LAYNE
STREET ADDRESS 4444 STE-CATHERINE WEST., STE 100
CITY-ST-ZIP WESTMONT QUEBEC CANADA H3Z1R-2

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME DALFEN, MURRAY
STREET ADDRESS 4444 STE-CATHERINE WEST., STE 100
CITY-ST-ZIP WESTMONT QUEBEC CANADA H3Z1R-2

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VPD
NAME DALFEN, RHONA
STREET ADDRESS 4444 STE-CATHERINE WEST., STE 100
CITY-ST-ZIP WESTMONT QUEBEC CANADA H3Z1R-2

☐ Delete

TITLE
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☐ Change

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

January 31, 2000 (514) 938-1049

Date

Daytime Phone #

CR2E034 (9/99)