

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 430112**

1. Entity Name

THE CANARIANS CORP.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90074 024 ***150.00

Principal Place of Business

Mailing Address

230 W 55TH ST. STE 25D
NEW YORK NY 10019230 W 55TH ST. STE 25D
NEW YORK NY 10019-5207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KROOP RICHARD J
STE 512
420 LINCOLN RD MALL
MIAMI BCH. FL 33139

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 State10. 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 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|--------------------------|------------------------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | S | BENDAHAN, SALLY | 230 WEST 55 STREET NEW YORK NY | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | VD | BENDAHAN, ALBERT | 230 WEST 55 STREET NEW YORK NY | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | VD | BENDAHAN, JOSEPH I | 3 RUE JARRAOUI TANGIER, MORROCO | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | T | BENDAHAN, ELIAS I (ASST) | 3 RUE JARRAOUI TANGIER, MORROCO | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | T | BENDAHAN, MESSOD I | 3 RUE JARRAOUI TANGIER, MORROCO | <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

1/20/00 212-757-7138
Date Daytime Phone #