

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 430112

1. Entity Name

THE CANARIANS CORP.

Principal Place of Business

Mailing Address

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

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

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 KROOP, RICHARD I

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

SOUTH BAY CLUB

800 West Avenue - Suite C-1

City MIAMI BEACH

FL

Zip Code

33139

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, 2001 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 S ☐ Delete
NAME BENDAHAN, SALLY
STREET ADDRESS 230 WEST 55 STREET
CITY-ST-ZIP NEW YORK NY

TITLE VD ☐ Delete
NAME BENDAHAN, ALBERT
STREET ADDRESS 230 WEST 55 STREET
CITY-ST-ZIP NEW YORK NY

TITLE VD ☐ Delete
NAME BENDAHAN, JOSEPH I
STREET ADDRESS 3 RUE JARRAOUI
CITY-ST-ZIP TANGIER, MORROCO

TITLE T ☐ Delete
NAME BENDAHAN, ELIAS I (ASST)
STREET ADDRESS 3 RUE JARRAOUI
CITY-ST-ZIP TANGIER, MORROCO

TITLE T ☐ Delete
NAME BENDAHAN, MESSOD I
STREET ADDRESS 3 RUE JARRAOUI
CITY-ST-ZIP TANGIER, MORROCO

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

1/10/01 212-757-7138
Date Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90002 041 ***150.00

A0006560



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2755998 ☐ Applied For
Not Applicable

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

CR2E034 (10/00)

0442084