

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90566 042 \*\*\*150.00

UNIFORM BUSINESS REPORT

**DOCUMENT # 430112**

1. Entity Name  
**THE CANARIANS CORP.**



Principal Place of Business  
**230 W 55TH ST. STE 25D  
NEW YORK NY 10019**

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

**40006610**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**13-2755998**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KROOP RICHARD J  
SOUTHBAY CLUB  
800 WEST AVENUE STE C-1  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	S	BENDAHAN, SALLY	230 WEST 55 STREET NEW YORK NY				
	VD	BENDAHAN, ALBERT	230 WEST 55 STREET NEW YORK NY				
	VD	BENDAHAN, JOSEPH I	3 RUE JARRAQUI TANGIER, MORROCO				
	T	BENDAHAN, ELIAS I (ASST)	3 RUE JARRAQUI TANGIER, MORROCO				
	T	BENDAHAN, MESSOD I	3 RUE JARRAQUI TANGIER, MORROCO				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 212-757-7138  
Date Daytime Phone #

CR2E034 (10/02)