

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 571831**

1. Entity Name

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

02-01-2000 90117 016 ***150.00

Principal Place of Business	Mailing Address
3500 DE MAISONNEUVE BLVD WEST 2 PLACE ALEXIS NIHON #1000 MONTREAL, QUEBEC, CANADA	3500 DE MAISONNEUVE BLVD WEST 2 PLACE ALEXIS NIHON #1000 MONTREAL, QUEBEC, CANADA

00013333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
98-0044343	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****CORPORATION INFORMATION SERVICES, INC.**
1201 HAYS STREET
TALLAHASSEE, FL 32301

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	SP			
	PINSKY, JOEL A.			
	11 CHELSEA			
	MONTREAL, QUEBEC			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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**
Joel A. PinskyJan. 20/00 (514)-934-1333
Date Daytime Phone #