

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 581438

1. Entity Name

CANADA AND ASSOCIATES, INC.

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90115 011 \*\*\*158.75

Principal Place of Business

Mailing Address

2400 E. COMMERCIAL BLVD.  
STE 224  
FT LAUDERDALE FL 33308  
US

2400 E. COMMERCIAL BLVD.  
STE 224  
FT LAUDERDALE FL 33308-4022  
US

2. Principal Place of Business

4220 N.E. 25TH AVE

3. Mailing Address

4220 NE 25TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

59-1839712

Applied For

Not Applicable

Zip

Country

33308

US

Zip

Country

33308

US

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANADA, ROBERT M  
2400 E. COMMERCIAL BLVD.  
STE 224  
FT LAUDERDALE FL 33308

Name

ROBERT M. CANADA

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

4220 NE 25TH AVE

City

FT. LAUDERDALE

FL

Zip Code

33308

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	PD	<input type="checkbox"/> Delete
NAME	CANADA, ROBERT M	
STREET ADDRESS	2400 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CANADA, JUDY L.	
STREET ADDRESS	2400 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robert M. Canada*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/2000

Daytime Phone #

954-776-3781

CR2E034 (9/99)