2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 581438

1. Entity Name

CANADA AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4220 NE 25TH AVE FT LAUDERDALE FL 33308 US	4220 NE 25TH AVE FT LAUDERDALE FL 33308 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6550 N. FEDERAL HWY

Suite, Apt. #, etc. SUITE 220

City & State FORT LAUDERDALE, FLA

Zip 33308 Country USA

3. Mailing Address 6550 N. FEDERAL HWY

Suite, Apt. #, etc. SUITE 220

City & State FORT LAUDERDALE, FLA

Zip 33308 Country USA

4. FEI Number 59-1839712

Applied For ☐ / Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CANADA, ROBERT M 4220 NE 25TH AVE FT LAUDERDALE FL 33308	Name ROBERT M. CANADA Street Address (P.O. Box Number is Not Acceptable) 6550 N. FEDERAL HWY SUITE 220 City Fort 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, 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	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CANADA, ROBERT M		NAME	6550 N. FEDERAL HWY, SUITE 220	
STREET ADDRESS	2400 E. COMMERCIAL BLVD.		STREET ADDRESS	FORT LAUDERDALE, FL 33308	
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CANADA, JUDY L.		NAME	6550 N. FEDERAL HWY, SUITE 220	
STREET ADDRESS	2400 E. COMMERCIAL BLVD.		STREET ADDRESS	FORT LAUDERDALE, FL 33308	
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	600003552786----4	
STREET ADDRESS			STREET ADDRESS	-01/18/01--01008--003	
CITY-ST-ZIP			CITY-ST-ZIP	****158.50 ****158.50	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		KE

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, Pres. 1/8/2001 954-491-7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT M. CANADA, PRES.

CR2E034 (10/00)