

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90052 005 ***150.00

DOCUMENT # 689687

1. Entity Name

625 CORPORATION

Principal Place of Business

Mailing Address

HENDERSON, ROBERT P.
1619 JACKSON STREET
FT. MYERS FL 33901
US

CHAIT, JONATHAN
52 SUMMIT CIRCLE
MONTREAL QU H3T
CA

2. Principal Place of Business

3. Mailing Address

JOHN V. QUINLAN
601 12th Street West

Suite, Apt. #, etc.

BRADENTON FL

City & State

34205

County

USA

Zip

H3Y 1B3

Country

4. FEI Number

59-2070370

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

HENDERSON, ROBERT P
1619 JACKSON STREET
FORT MYERS FL 33901

Name **JOHN V. QUINLAN**

Street Address (P.O. Box Number is Not Acceptable)
601 12th Street West

City **BRADENTON** FL **34205**

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)

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 ☐ Delete
NAME **DP**
STREET ADDRESS **CHAIT, JONATHAN**
CITY-ST-ZIP **52 SUMMIT CIRCLE**
MONTREAL CA H3Y- 1B3

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

APR 8/00 514.781.2251

CR2000/0000