

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006302

1. Entity Name
MAJESTIC THOROUGHbred INVESTMENTS INC.

Principal Place of Business
4415 JOSEPH DUBREUIL
LACHINE, QUEBEC H8T 1A9
QC

Mailing Address
4415 JOSEPH DUBREUIL
LACHINE, QUEBEC H8T 1A9
QC

2. Principal Place of Business
307 HIGH STREET
Suite, Apt. #, etc.

3. Mailing Address
307 HIGH STREET
Suite, Apt. #, etc.

City & State
WHITBY ONTARIO

City & State
WHITBY ONTARIO

4. FEI Number
98-0356346

Applied For
Not Applicable

Zip Country
L1N 5H7 CANADA

Zip Country
L1N 5H7 CANADA

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

6. Name and Address of Current Registered Agent

MALLINGER, MARTIN R P.A.
980 NORTH FEDERAL HIGHWAY, SUITE 302
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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 *Mark A Renaud*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

SEPT 12 2001
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE P
NAME ROGER BRUCE PAQUETTE
STREET ADDRESS SUITE 2504-1333 BLOOR STREET EAST
CITY-ST-ZIP MISSISSAUGA, ONTARIO L4Y3T6 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME MARC A RENAUD
STREET ADDRESS 307 HIGH STREET
CITY-ST-ZIP WHITBY ONTARIO L1N 5H7 CANADA ☐ Change ☒ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Mark A Renaud*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPT 12 2001 (905) 666-2720
Date Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90015 022 ***550.00



DO NOT WRITE IN THIS SPACE

0145824 IN

CR2E034 (5/01)