

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90129 022 ***150.00

DOCUMENT # F01000000372

1. Entity Name

168006 CANADA INC.



DO NOT WRITE IN THIS SPACE

90154479

2. Principal Place of Business

5845 COTE DES NEIGES

Suite, Apt. #, etc.
SUITE 565

3. Mailing Address

5845 COTE DES NEIGES

Suite, Apt. #, etc.
SUITE 565

City & State

MONTREAL, QUEBEC

City & State

MONTREAL, QUEBEC

4. FEI Number

98-0107854

Applied For

Not Applicable

Zip

H3S 1Z4

Country

CANADA

Zip

H3S 1Z4

Country

CANADA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FEINSTEIN, MARVIN

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

120 SOUTH UNIVERSITY DRIVE

SUITE C

City

PLANTATION, FL

FL

Zip Code

33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PVS
POTOKER, STEVEN D. DR
STREET ADDRESS
5845 COTE DES NEIGES, #565
CITY-ST-ZIP
MONTREAL, QUEBEC CANADA H3S 1Z4

TITLE
NAME
CD
POTOKER, STEVEN D. Dr.
STREET ADDRESS
5845 COTE DES NIEGES, #565
CITY-ST-ZIP
MONTREAL, QUEBEC CANADA H3S 1Z4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 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 #

CR2E034B (12/02)

Attachment



90154479

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 29, 2003

168006 CANADA INC.
suite 227 chateau maisonneuve
4999 rue ste-catherine quest
westmount quebec, H3Z-1T3

SUBJECT: 168006 CANADA INC.
Ref. Number: F01000000372

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M. Shivers
Document Specialist

Letter Number: 203A00043772