

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 11, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # F62377**

1. Entity Name  
**G. DESMAR, INC.**

<b>Principal Place of Business</b> 425 LOCKHART MT-ROYAL QUEBEC, CANADA h3p 1y6	<b>Mailing Address</b> 500 RENE-LEVESQUE, BLVD, W #910 MONTREAL QUEBEC,CANADA H2Z 1W7
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<b>2. Principal Place of Business</b> 6000, CH. DEACON	<b>3. Mailing Address</b> 500 RENE-LEVESQUE, BLVD, W #910
Suite, Apt. #, etc. APT. 3A	Suite, Apt. #, etc. MONTREAL

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> MONTREAL, QUEBEC, CANADA QC	<b>City &amp; State</b> QUEBEC, CANADA QC	<b>4. FEI Number</b> <b>98-0056938</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>Zip</b> H3S 2T9	<b>Country</b> CA	<b>Zip</b> H2Z 1W7	<b>Country</b> CA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324 US	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable

09/11/2000  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD <input type="checkbox"/> Delete	T.TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	PSTD <input type="checkbox"/> Delete	T.TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESMARAIS, GERARD	NAME	DESMARAIS GERARD	NAME		NAME	
STREET ADDRESS	425 LOCKHARD, MT-ROYAL	STREET ADDRESS	6000, CH. DEACON	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	QUEBEC, CANADA H3P 1Y6	CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA QC H3S 2T9	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	T.TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Delete	T.TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME		NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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: GERARD DESMARAIS PSTD 09/11/2000