

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91461 001 ***150.00

DOCUMENT # F93000001826

1. Entity Name

LES INVESTISSEMENTS SERVAY INC.

Principal Place of Business

**164 EDGEHILL ROAD
 WESTMOUNT, QUEBEC H3Y 1E9**

Mailing Address

**164 EDGEHILL ROAD
 WESTMOUNT, QUEBEC H3Y 1E9**

2. Principal Place of Business

6301 NORTHCREST PL.

3. Mailing Address

6301 NORTHCREST PL.

Suite, Apt. #, etc.

5-L

Suite, Apt. #, etc.

5-L

City & State

MONTREAL, QC.

City & State

MONTREAL, QC.

Zip

H3S 2W4

Country

CANADA

Zip

H3S 2W4

Country

CANADA

6. Name and Address of Current Registered Agent

HUME, JOHN

1401 UNIVERSITY DR.

SUITE 301

CORAL SPRINGS FL 33071

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

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, 2002 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

TITLE **DP** ☐ Delete
 NAME **SERVAY, WILLIAM**
 STREET ADDRESS **164 EDGEHILL RD.**
 CITY-ST-ZIP **WESTMOUNT, QUEBEC H3Y 1E9**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **5-L 6301 NORTHCREST PL**
 CITY-ST-ZIP **MONTREAL, QUEBEC H3S 2W4**

TITLE ☐ Change ☐ Addition
 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

WILLIAM SERVAY

Apr 11, 2002 (514) 744-9944

Date

Daytime Phone #

CR2E034 (9/01)