

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004057

1. Entity Name

ASSOCIATION CANADO-AMERICAINE, INC.

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90064 034 \*\*\*\*61.25

0081215

Principal Place of Business

Mailing Address

POST OFFICE BOX 989  
MANCHESTER NH 03105-0989

POST OFFICE BOX 989  
MANCHESTER NH 03105-0989

80065967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0105200

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

PROVENCHER, DANIEL L  
5014 KENSINGTON CIRCLE  
CORAL SPRINGS FL 33076

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
LE TUAL, JACQUES F.K.M.I.  
555 CANAL ST #1410  
MANCHESTER NH 03105 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Provost, Alfred J.  
100 Chestnut Avenue  
Narragansett, RI 02882-6115 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
LABBE, CHARLES  
3255, RUE HOUE  
TROIS RIVIERES, QUEBEC ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
PATENAUE, NORMAN J  
52 CONCORD ST.  
MANCHESTER NH 03101 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SILVA-HATCH, MARIA  
BLACK CHESTER RD  
DERRY NH 03038 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
BEAUDOIN, SERGE J  
122 RUSTIC OAK DR.  
SOUTHINGTON CT ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Delete

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Norman J. Patenaue, (PD)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-02 603-625-8577

Date

Daytime Phone #

CR2E037 (9/01)