

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90549 006 \*\*\*\*61.25

**DOCUMENT # F93000004057**

1. Entity Name

**ASSOCIATION CANADO-AMERICAINE, INC.**



Principal Place of Business

**POST OFFICE BOX 989  
MANCHESTER NH 03105-0989**

Mailing Address

**POST OFFICE BOX 989  
MANCHESTER NH 03105-0989**

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**

☐ CHECK HERE IF MAKING CHANGES

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | PCD                        | <input type="checkbox"/> Delete |
| NAME           | LE TUAL, JACQUES F.K.M.I   |                                 |
| STREET ADDRESS | 555 CANAL ST #1410         |                                 |
| CITY-ST-ZIP    | MANCHESTER NH 03105        |                                 |
| TITLE          | VPD                        | <input type="checkbox"/> Delete |
| NAME           | LABBE, CHARLES             |                                 |
| STREET ADDRESS | 3255, RUE HOUDE            |                                 |
| CITY-ST-ZIP    | TROIS RIVIERES, QUEBEC     |                                 |
| TITLE          | SD                         | <input type="checkbox"/> Delete |
| NAME           | PATENAUE, NORMAN J         |                                 |
| STREET ADDRESS | 52 CONCORD ST.             |                                 |
| CITY-ST-ZIP    | MANCHESTER NH 03101        |                                 |
| TITLE          | TD                         | <input type="checkbox"/> Delete |
| NAME           | SILVA-HATCH, MARIA         |                                 |
| STREET ADDRESS | BLACK CHESTER RD           |                                 |
| CITY-ST-ZIP    | DERRY NH 03038             |                                 |
| TITLE          | VPD                        | <input type="checkbox"/> Delete |
| NAME           | BEAUDOIN, SERGE J          |                                 |
| STREET ADDRESS | 122 RUSTIC OAK DR.         |                                 |
| CITY-ST-ZIP    | SOUTHINGTON CT             |                                 |
| TITLE          | PD                         | <input type="checkbox"/> Delete |
| NAME           | PROVOST, ALFRED J          |                                 |
| STREET ADDRESS | 100 CHESTNUT AVE           |                                 |
| CITY-ST-ZIP    | NARRAGANSETT RI 02882-6115 |                                 |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | P                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Henri R. Bersoux       |  |
| STREET ADDRESS | 8 Main Street'         |  |
| CITY-ST-ZIP    | Bennington, NH 03442   |  |
| TITLE          | VPD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Charles Labbe          |  |
| STREET ADDRESS | 3255 RUE HOUDE         |  |
| CITY-ST-ZIP    | TROIS RIVIERES, QUEBEC |  |
| TITLE          | SD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PAUL H. LAFLAMME       |  |
| STREET ADDRESS | 49 COUNTRY CLUB        |  |
| CITY-ST-ZIP    | MONSON, MA 01057-9514  |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

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: *Maria Silva-Hatch* JIFIED Maria Silva-Hatch

4/16/03 1-800-222-8577

CR2E037 (10/02)