

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90111 001 ***150.00

DOCUMENT # F93000005581

1. Entity Name

163249 CANADA INC.

Principal Place of Business

1401 BRICKELL AVENUE
SUITE 530
MIAMI FL 33131
US

Mailing Address

1401 BRICKELL AVENUE
SUITE 530
MIAMI FL 33131
US

2. Principal Place of Business

120 SOUTH UNIVERSITY DR.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City State

PLANTATION FLA

City & State

Zip

Country

Zip

33324

Country

USA

4. FEI Number 98-0108767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCO, GERALD A ESQUIRE
1401 BRICKELL AVENUE
SUITE 530
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

FEINSTEIN, MARVIN

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

120 SOUTH UNIVERSITY DRIVE
SUITE C

City

PLANTATION, 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

CURRENT REGISTERED AGENT DECEASED

[Signature]

March 29, 2001

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, 2001 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	CP	<input type="checkbox"/> Delete
NAME	KAPLAN, STEPHEN	
STREET ADDRESS	3400 JEAN TALON WEST #300	
CITY-ST-ZIP	MONTREAL, QUEBEC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29/01

Date

(514) 631-7999

Daytime Phone #

CR2E034 (10/00)