

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90132 012 ***150.00

DOCUMENT # F94000002753

1. Entity Name
ALCAN VENTURES CORP.



Principal Place of Business
**153 SEVILLA AVENUE
CORAL GABLES FL 33134**

Mailing Address
**P.O. BOX 140668
CORAL GABLES FL 33114-0668**



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 **NOT APPLICABLE**

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

**MJF REGISTERED AGENT CORP.
153 SEVILLA AVENUE
CORAL GABLES FL 33134**

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MANSFIELD, ABDEL**
STREET ADDRESS **AVENIDA FEDERICO BOYD, NO. 33**
CITY-ST-ZIP **PANAMA 2, REP OF PANAMA**

TITLE **S** ☐ Delete
NAME **LEDEZMA, HERIBERTO**
STREET ADDRESS **AVENIDA FEDERICO BOYD, NO. 33**
CITY-ST-ZIP **PANAMA 1, REP. OF PANAMA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D. P.** ☒ Change ☒ Addition
NAME
STREET ADDRESS **→**
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 607, 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 REQUIRED

2-25-03

(305) 442-1567

ABDEL MANSFIELD, DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment # F94000002753

7002289

Law Offices

MICHAEL J. FREEMAN, P.A.

153 Sevilla Avenue

Coral Gables, Florida 33134-6006

Reply to:

P.O. Box 140668

Coral Gables, Florida 33114-0668

Tel: (305) 442-1567

Fax: (305) 442-1227

February 25, 2003

Secretary of State
Division of Corporations
Uniform Business Report Filing
P.O. Box #1500
Tallahassee, Florida 32302-1500

Re: **ALCAN VENTURES CORP.**
Document #F94000002753

Gentlemen:

Enclosed please find the following documents for the above referenced corporation:

1. Executed 2003 Uniform Business Report
2. My office check #13630 in the amount of \$150.00 representing the filing fee.

Thank you for your courtesies in this matter.

Very truly yours,



MICHAEL J. FREEMAN

MJF:lc
enc.