

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90052 036 ***550.00

DOCUMENT # F95000000933

1. Entity Name
CADIM FLORIDA (U.S.) INC.

Principal Place of Business
430 PARK AVE.
10TH FLOOR
NEW YORK NY 10022

Mailing Address
430 PARK AVE.
10TH FLOOR
NEW YORK NY 10022



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
625 Madison Avenue, 12th floor

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
New York, N.Y.

City & State
New York, N.Y.

4. FEI Number
13-3801176

Applied For
 Not Applicable

Zip
10022

Country
U.S.A.

Zip
10022

Country
U.S.A.

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEZESQUE, CELINE 800 SQUARE VICTORIA, SUITE 4400 MONTREAL, QUEBEC H4Z- 1B7	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DROUIN, SYLVIE 800 SQUARE VICTORIA, SUITE 4400 MONTREAL, QUEBEC H4Z- 1B7	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC COLLIN, ANDRE 800 SQUARE VICTORIA, SUITE 4400 MONTREAL, QUEBEC H4Z- 1B7	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESNOYERS, PIERRE 800 SQUARE VICTORIA, SUITE 4400 MONTREAL, QUEBEC H4Z- 1B7	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GARTNER, GARY 430 PARK AVE. NEW YORK NY 10022	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBEAULT, PIERRE 800 SQUARE VICTORIA, SUITE 4400 MONTREAL, QUEBEC H4Z- 1B7	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID LINE LEFEBVRE 800, Square Victoria, Suite 4400 Montréal, Québec H4Z 1B7	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARD DANSEREAU 800 Square Victoria, Suite 4400 Montreal, Quebec, H4Z 1B7	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Claudette Bélisle 800, Square Victoria, Suite 4400 Montreal, Quebec, H4Z 1B7	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STEVEN LEVINE 625 Madison Avenue, 12th floor New York, N.Y. 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

20/08/01

Date

514-895-3321

Daytime Phone #

CR2E034 (5/01)