

2002 UNIFORM BUSINESS REPORT (UBR)

03-25-2002 90017 021 ***150.00

FILED F95000000933

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 AM 10:31

DOCUMENT # F95000000933

1. Entity Name
CADIM FLORIDA (X) INC.

Principal Place of Business

625 MADISON AVENUE
12TH FLOOR
NEW YORK NY 10022

Mailing Address

625 MADISON AVENUE
12TH FLOOR
NEW YORK NY 10022

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 13-3801176

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

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 \$150.00
After May 1, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LINE, LEFEBVRE
800 SQUARE VICTORIA, SUITE 4400
MONTREAL QU H4-Z1B7 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DROUIN, SYLVIE
800 SQUARE VICTORIA, SUITE 4400
MONTREAL, QUEBEC H4Z-1B7 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
POC
COLLIN, ANDRE
800 SQUARE VICTORIA, SUITE 4400
MONTREAL, QUEBEC H4Z-1B7 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DANSEUREAU, RICHARD
800 SQUARE VICTORIA, SUITE 4400
MONTREAL QU H4-Z1B7 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CLAUDETTE, BELISLE
800 SQUARE VICTORIA, SUITE 4400
MONTREAL QU H4-Z1B7 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GIBEALT, PIERRE
800 SQUARE VICTORIA, SUITE 4400
MONTREAL, QUEBEC H4Z-1B7 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Belisle
Belisle

Date Feb 18, 2002
Daytime Phone #

CR2E034 (9/01)