

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90147 033 ***150.00

DOCUMENT # F97000006935

1. Entity Name

920193 ONTARIO INC.

Principal Place of Business

Mailing Address

1174 ST. JEROME ST.
 SUDBURY ONTARIO CANANDA P3A -2V9

1174 ST. JEROME ST.
 SUDBURY ONTARIO CANANDA P3A

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0121748

Applied For

Not Applicable

Zip

Country

CANADA

Zip

Country

CANADA

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

CPA ASSOCIATES, P.A.
1301 6TH AVE., W., #600
BRADENTON FL 34205-7440

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PDC**
 STREET ADDRESS **LAFRENIERE, CLEMENT**
 CITY-ST-ZIP **4532 CHENIER**
HANMER ONTARIO CANANDA P3P -1X5

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **CANADA**

TITLE Delete
 NAME **VD**
 STREET ADDRESS **LAFRENIERE, MAURICE**
 CITY-ST-ZIP **S PALISADE PLACE**
SUDBURY ON P3A3X

TITLE Change Addition
 NAME
 STREET ADDRESS **5**
 CITY-ST-ZIP **CANADA P3A3X9**

TITLE Delete
 NAME **STDC**
 STREET ADDRESS **LAFRENIERE, GERALD**
 CITY-ST-ZIP **2020 JOSEPHINE**
SUDBURY ONTARIO CANANDA P3A -2M9

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **CANADA P3A2M8**

TITLE Delete
 NAME **D**
 STREET ADDRESS **LAFRENIERE, BERTHE**
 CITY-ST-ZIP **1205 LONSDALE AVE**
SUDBURY ONTARIO CANANDA P3B -1K3

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **CANADA**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Gerald Lafreniere
GERALD LAFRENIERE 3/13/2000 (905) 560-5599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE