

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90014 019 \*\*\*150.00

**DOCUMENT # J51633**

1. Entity Name  
**INTERPARCO, INC.**

Principal Place of Business

**2611 NW 63RD STREET  
BOCA RATON FL 33496**

Mailing Address

**2611 NW 63RD STREET  
BOCA RATON FL 33496**

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 **65-0118398**

Applied For  
Not Applicable

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

**SAMSON, JACQUES E  
2611 N.W. 63RD STREET  
BOCA RATON FL 33494-2032**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **JACQUES E. SAMSON**  
STREET ADDRESS **105 RUE FRANCOIS**  
CITY-ST-ZIP **MONTREAL QUEBEC CA H3E- 1E2**

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

TITLE **VP** ☒ Delete  
NAME **LUC P. SAMSON**  
STREET ADDRESS **1200 RUE DES PERDRIX**  
CITY-ST-ZIP **LONGUEUIL QUEBEC CANADA**

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

TITLE **VP** ☐ Delete  
NAME **MARCEL G. SAMSON**  
STREET ADDRESS **61 CHARLOTTE DENYS**  
CITY-ST-ZIP **BOUCHERVILLE QUEBEC CANADA CA**

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

TITLE **S** ☐ Delete  
NAME **CHANTAL SAMSON**  
STREET ADDRESS **4164 STE-ANNE**  
CITY-ST-ZIP **PIERREFONDS QUEBEC CA**

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

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:

**SIGNATURE REQUIRED**  
**SAMSON**

**JAN 12/02 561-994-3441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)