

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J90120

1. Entity Name

PELICAN LANDING CONSTRUCTION, INC.

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 90561 005 \*\*\*150.00

Principal Place of Business

1111 LINCOLN ROAD  
FOURTH FLOOR  
MIAMI BEACH FL 33139  
US

Mailing Address

507. PLACE D'ARMES  
SUITE 1300  
MONTREAL, QUEBEC H2Y 2W8  
CA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2841525

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOWARD, EUGENE J MTRE  
1111 LINCOLN ROAD  
FOURTH FLOOR  
MIAMI BEACH FL 33139

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GODIN, ANDRE  
1051 CEDARGLEN GATE #11  
MISSISSAUGA, ONTARIO L5C 3A7 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LEROUX, RENE'  
507, PLACE D'ARMES, SUITE 1300  
MONTREAL, QUEBEC H2Y 2W8 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/04/02

Date

514-282-1287

Daytime Phone #

CR2E034 (9/01)