

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46708

1. Entity Name

CANBEC CLUB CORP.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90323 042 ****61.25

Principal Place of Business

Mailing Address

3400 GOLFVIEW BLVD
POMPANO BEACH, FL 33069
US

7800 W. OAKLAND PARK BLVD.
BLDG. G
SUNRISE FL 33351-6741
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0314345

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

LAPIERRE, REJEAN
7800 W. OAKLAND PK. BLVD.
BLDG. "G"
SUNRISE, FL 33351

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VALADE, CLUADE	
STREET ADDRESS	730 BIRDIE LN	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LANDRY, MARC	
STREET ADDRESS	551 FAIRWAY DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LA MARCHE, FRANCOIS	
STREET ADDRESS	740 BIRDIE LN	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERVILLE, RENEE	
STREET ADDRESS	3542 GULFVIEW BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAJOR, CARMEN	
STREET ADDRESS	541 FAIRWAY DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCOIS LA MARCHE *Francis Lamarche* 1-5-2000-954991-7874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #

CR12E037 (9/99)