

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

0046161

**DOCUMENT # N93000000920**

1. Entity Name

**CANADIAN AMERICAN CLUB, INC.**

03-27-2001 90015 040 \*\*\*\*61.25

Principal Place of Business

2460 S.W. 51ST ST.  
 FT LAUDERDALE FL 33312

Mailing Address

2460 S.W. 51ST ST.  
 FT LAUDERDALE FL 33312

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

**NOT APPLICABLE**

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

**LAPOINT, CLEMENT**  
**2460 S.W. 51ST ST.**  
**FT LAUDERDALE FL 33312**

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 *Clement Lapoint*  
 Signature, typed or printed name of registered agent and title if applicable.

**CLEMENT LAPOINT**  
 (NOTE: Registered Agent signature required when reinstating)

**MARCH 12/2001**  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CORRIVEAU, ODETTE**  
 CITY-ST-ZIP **5206 SW 29TH TERR**  
**FT LAUDERDALE FL 33312**

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

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **LAPORTE, CLEMENT**  
 CITY-ST-ZIP **2460 S.W. 51ST ST.**  
**FT LAUDERDALE FL 33312**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **LAPORTE CLEMENT**  
 CITY-ST-ZIP **2460 S.W. 51ST ST**  
**FORT LAUDERDALE FL. 33312**

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **FILION, YOLANDE**  
 CITY-ST-ZIP **2151 SW 52ND ST**  
**FORT LAUDERDALE FL 33312**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **TUREOTTE, NICOLE**  
 CITY-ST-ZIP **5315 SW 28TH STREET**  
**FT LAUDERDALE FL 33312**

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **GRAVEL, FELICIEN**  
 CITY-ST-ZIP **3032 SW 52ND ST**  
**FT LAUDERDALE FL 33312**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **T**  
 STREET ADDRESS **GASTAN BRETON**  
 CITY-ST-ZIP **3036 S.W. 52ND STREET**  
**FORT LAUDERDALE FL 33312**

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:

*Clement Lapoint*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CLEMENT LAPOINT**

**MARCH 12/01**

Date

Daytime Phone #

**954**  
**983-7637**

CR2E037 (10/00)