

2001 UNIFORM BUSINESS REPORT (UBR)

0028020 AV

DOCUMENT # P00000000877

1. Entity Name
P.C. JACQUES ENTERPRISES INC.

FILED

02 APR 25 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
551 SE 3RD TERRACE
POMPANO BEACH FL 33060-8417

Mailing Address
551 SE 3RD TERRACE
POMPANO BEACH FL 33060-8417

2. Principal Place of Business
CONRAD JACQUES

3. Mailing Address

Suite, Apt. #, etc.
785 GRAND BLVD QUEST

Suite, Apt. #, etc.

City & State
ST BRUNO

City & State

Zip
J3V4P6

Country
CANADA

Zip

Country

4. FEI Number
65-0971436

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

LAMOTHE, FERNAND
721 SE 17TH STREET
FORT LAUDERDALE FL 33316

Cancelled.

Name
MADE LABOSSIERE P.A.
Street Address (P.O. Box Number is Not Acceptable)
1222 NE 4TH AVENUE

City
FORT LAUDERDALE FL
Zip Code
33304

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
DP
JACQUES, CONRAD
785 GRAND BLVD., QUEST, ST-BRUNO
QC J3V 5G8 CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300005451893--8
-05/06/02--01009--017
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
JACQUES, PASCAL
785 GRAND BLVD., QUEST, ST-BRUNO
QC J3V 5G8 CANADA ☐ Delete

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 april 2002

CR2E034 (5/01)