

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

0488574

DOCUMENT # P00000033642

1. Entity Name

LANGBOY ENTERPRISE INC.

Principal Place of Business

**1749 E HALLANDALE BEACH BLVD. SUITE 175
 HALLANDALE FL 33009**

Mailing Address

**1749 E HALLANDALE BEACH BLVD. SUITE 175
 HALLANDALE FL 33009**

2. Principal Place of Business

3901 S. Ocean Drive

3. Mailing Address

3901 S. Ocean Drive

Suite, Apt. #, etc.

15 K

Suite, Apt. #, etc.

15 K

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-0995732

Applied For

Not Applicable

Zip

33019

Country

US

Zip

33019

Country

US

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEDUC, REJEAN
 1001 NORTH FEDERAL HWY SUITE 202
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	BOYER, MICHEL	
STREET ADDRESS	400 BOUL. LABBE NORD	
CITY-ST-ZIP	VICTORIAVILLE, PQ G6P 1B2	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LANGLOIS, FRANCOIS	
STREET ADDRESS	400 BOUL. LABBE NORD	
CITY-ST-ZIP	VICTORIAVILLE, PQ G6P 1B2	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

-MICHEL BOYER

04/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)