

2001 UNIFORM BUSINESS REPORT (UBR)**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

US5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

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

TITLE **DP** ☐ Delete
NAME **BOYER, MICHEL**
STREET ADDRESS **400 BOUL. LABBE NORD**
CITY-ST-ZIP **VICTORIAVILLE, PQ G6P 1B2**TITLE **DS** ☒ Delete
NAME **LANGLOIS, FRANCOIS**
STREET ADDRESS **400 BOUL. LABBE NORD**
CITY-ST-ZIP **VICTORIAVILLE, PQ G6P 1B2**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-MICHEL BOYER**04/11/01**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0488574

CR2E034 (10/00)