

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91642 039 \*\*\*550.00

**DOCUMENT # P01000081021**

1. Entity Name

**PARFORE PUB CONCEPTS, INC.**

Principal Place of Business

Mailing Address

**5920 BISHOP STREET  
 LASALLE N9H2K5. ONTARIO CA**

**5920 BISHOP STREET  
 LASALLE N9H2K5. ONTARIO CA**

2. Principal Place of Business

**9920 ALT AIA**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**810**

Suite, Apt. #, etc.

City & State

**PB6**

City & State

Zip

**33410**

Country

**Palm Beach**

Zip

Country

4. FEI Number

**65-1145166**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WARREN, RICHARD B  
 KELLEY & WARREN, P.A.  
 1555 PALM BCH. LAKES BLVD., STE. #1006  
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

**CHRISTOPHER RYAN**

Street Address (P.O. Box Number is Not Acceptable)

**9920 ATA AIA #810**

City

**PB6**

**FL**

Zip Code

**33410**

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

**04/07/02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RYAN, CHRISTOPHER P 5920 BISHOP STREET LASALLE N9H2K5, ONTARIO CA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RYAN, VANESSA LYDIA 5920 BISHOP STREET LASALLE N9H2K5, ONTARIO CA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

CR2E034 (9/01)

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 #

**561 6244233**