

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90424 041 \*\*\*150.00

**DOCUMENT # P15805**

1. Entity Name  
**152941 CANADA INC.**

Principal Place of Business  
**17094 COLLINS AVENUE**  
**C/O VISTAVIEW APTS LTD**  
**MIAMI BEACH FL 33160**

Mailing Address  
**17094 COLLINS AVENUE**  
**C/O VISTAVIEW APTS LTD**  
**MIAMI BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1495708**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KLINE, ARTHUR J.**  
**2665 S. BAYSHORE DRIVE, S-903**  
**COCONUT GROVE FL 33133**

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, 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 ☐ Delete  
**NAME ASPD**  
**STREET ADDRESS SCHMERER, JERRY**  
**CITY-ST-ZIP 119 RYAN**  
**ORMEAUX, QUEBEC**

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

TITLE ☐ Delete  
**NAME SD**  
**STREET ADDRESS COLEMAN, LEANA**  
**CITY-ST-ZIP 32 EASTMORE CRESCENT**  
**ORMEAUX, QUEBEC**

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

TITLE ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition  
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**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 05/02 305 945-1050**

Date

Daytime Phone #

CR2E034 (9/01)