

## 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2002 90038 006 \*\*\*150.00

DOCUMENT # P15810

1. Entity Name  
**152944 CANADA INC.**

## Principal Place of Business

**17094 COLLINS AVE**  
**SUITE A104**  
**MIAMI BEACH FL 33160**

## Mailing Address

**17094 COLLINS AVE**  
**SUITE A104**  
**MIAMI BEACH FL 33160**



## 2. Principal Place of Business

## 3. Mailing Address

**17098 COLLINS AVE**  
 Suite, Apt. #, etc.

**17098 COLLINS AVE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

**SUNNY ISLES BEACH**

## City &amp; State

**SUNNY ISLES BEACH**

## 4. FEI Number

**52-1495706**

## Applied For

Not Applicable

Zip **33160**

## Country

Zip **33160**

## Country

## 5. Certificate of Status Desired

☐ **\$8.75 Additional**  
**Fee Required**

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name **LESNIAK, ROMAN**

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

**17098 COLLINS AVE**

City **SUNNY ISLES BEACH** FL Zip Code **33160**

## 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

*Roman Lesniak*  
 Signature, typed or printed name of registered agent and title if applicable.

**ROMAN LESNIAK**

(NOTE: Registered Agent signature required when reinstating)

**3-18-2002**

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

TITLE ☐ Delete  
 NAME **ASPD LESNIAK, ROMAN**  
 STREET ADDRESS **6005 CAVENDISH BLVD PH3**  
 CITY-ST-ZIP **COTE ST. LUC, QUEBEC**

TITLE ☐ Delete  
 NAME **VD LESNIAK, IRWIN**  
 STREET ADDRESS **6005 CAVENDISH BLVD PH3**  
 CITY-ST-ZIP **COTE ST LUC, QUEBEC**

TITLE ☐ Delete  
 NAME **SD LESNIAK, GRACE**  
 STREET ADDRESS **6005 CAVENDISH BLVD PH3**  
 CITY-ST-ZIP **C.S.L, QUEBEC**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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:

*Roman Lesniak*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-18-2002 1-305-945-1050**

CR2E034 (9/01)