

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
 04-30-2001 90418 029 ***150.00

DOCUMENT # P26177

1. Entity Name

MONTCAN INVESTMENTS, INC.

Principal Place of Business

425 PLACE JACQUES CARTIER, SUITE 400
 MONTREAL, QUE H2Y 3B1
 CANADA

Mailing Address

425 PLACE JACQUES CARTIER, SUITE 400
 MONTREAL, QUE H2Y 3B1
 CANADA

49043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **98-0077394**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	<input type="checkbox"/> Delete
NAME	WOLFE, HARVEY	
STREET ADDRESS	6988 ABERDEEN AVE.	
CITY- ST- ZIP	WESTMOUNT, QUE, CANADA	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOBRIN, MITZI	
STREET ADDRESS	410 ST. CATHERINE ST W	
CITY- ST- ZIP	MONTREAL, QUE, CANADA	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAPIRO, BARRY H.	
STREET ADDRESS	777 UPPER LANSLOWNE	
CITY- ST- ZIP	WESTMOUNT, QUE, CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAYMORE, MARK R.	
STREET ADDRESS	95 STATE ST, STE. 513	
CITY- ST- ZIP	SPRINGFIELD MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 19/2001

514-861-1001

Date

Daytime Phone #

CR2E034 (10/00)