

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90111 031 \*\*\*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**

**90134970**



2. Principal Place of Business  
**425 PLACE JACQUES CARTIER**  
Suite, Apt. #, etc.  
**SUITE 400**

3. Mailing Address  
**425 PLACE JACQUES CARTIER**  
Suite, Apt. #, etc.  
**SUITE 400**

City & State  
**MONTREAL, QUEBEC**

City & State  
**MONTREAL, QUEBEC**

4. FEI Number  
**98-0077394**

Applied For  
Not Applicable

Zip  
**H2Y 3B1**

Country  
**CANADA**

Zip  
**H2Y 3B1**

Country  
**CANADA**

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
WOLFE, HARVEY  
8988 ABERDEEN AVE.  
WESTMOUNT, QUE, CANADA** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
DOBRIN, MITZI  
410 ST. CATHERINE ST W  
MONTREAL, QUE, CANADA** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
SHAPIRO, BARRY H.  
777 UPPER LANSLOWNE  
WESTMOUNT, QUE, CANADA** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DRAYMORE, MARK R.  
95 STATE ST, STE. 513  
SPRINGFIELD MA** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 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 9/03**

Date

**514-861-1001**

Daytime Phone #

CR2E034 (10/02)