

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40148

1. Entity Name

2708108 CANADA INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90159 049 ***150.00

Principal Place of Business Mailing Address
C/O GROSS. PINSKY C/O GROSS. PINSKY
2 PLACE ALEXIS NIHON. STE. 1000 2 PLACE ALEXIS NIHON. STE. 1000
MONTREAL. QUEBEC CANADA H3Z3 MONTREAL. QUEBEC CANADA H3Z3

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

SHAFFER, HOWARD
3810 NE Terrace
Aventura, Florida
33180

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, 2000 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	DCP	<input type="checkbox"/> Delete
NAME	SHAFFER, HOWARD	
STREET ADDRESS	2 PLACE ALEXIS NIHON	
CITY-ST-ZIP	QUEBEC, CANADA	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAFFER, HOWARD	
STREET ADDRESS	2 PLACE ALEXIS NIHON	
CITY-ST-ZIP	QUEBEC, CANADA	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

Howard Shaffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)