

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011965

1. Entity Name

C D A & COMPANY, INC.

Principal Place of Business

218 WESMINSTER NORTH
MONTREAL, QUEBEC CA. H4X 1Z6
QC

Mailing Address

2 URBAN CENTRE
4890 W KENNEDY BLVD #140
TAMPA FL 33609-1857
US

LUCAYAN MARINA VILLAGE

2. Principal Place of Business

BAHIANAS

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box F-42524

Suite, Apt. #, etc.

City & State

FREEPORT

City & State

Zip

Country

BAHIANAS

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3164821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, DAVID COLE
2 URBAN CENTRE
4890 W. KENNEDY BLVD., #140
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

CHRIS HARRIS

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

4890 WEST KENNEDY BLVD #130

2 URBAIN CENTER

City

TAMPA

FL

Zip Code

33609

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

TITLE DP ☒ Delete
NAME D'ANGELO, CHARLES
STREET ADDRESS 218 WESMINSTER NORTH
CITY-ST-ZIP MONTREAL, QUEBEC CANADA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 DP ☒ Change ☐ Addition
NAME ~~CHARLES~~ D'ANGELO CHARLES
STREET ADDRESS LUCAYAN MARINA VILLAGE
CITY-ST-ZIP P.O. Box F-42524, FREEPORT BAHIANAS

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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CITY-ST-ZIP

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:

~~SIGNATURE REQUIRED~~ CHARLOS D'ANGELO

18 Jan 2000 813-250-2842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #