

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021754

1. Entity Name
107-B 73RD AVE. CLUB, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90025 042 ***150.00

Principal Place of Business
107-B 73RD AVE. CLUB IN.
1120 BERNARD APT 22
OUTREMONT. (QUEBEC) CANADA H2V1V-3

Mailing Address
~~1120 BERNARD APT. 22
SUTREMONT-CA H2V1V~~

00024208



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

Zip

Country

Zip

Country

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

LANGLOIS, LUCILE
107-B 73RD AVE
HOLMES BEACH FL 34218

Name
Street Address (P.O. Box Number is Not Acceptable)
City **HOLMES BEACH** FL Zip Code **34217**

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 _____ (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 Delete
NAME **DP BROSSARD, ANNE LEMOYNE**
STREET ADDRESS **107-B 73RD AVE**
CITY-ST-ZIP **HOLMES BEACH FL 34218**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34217**

TITLE Delete
NAME **DV LANGEVIN, ROBERT P**
STREET ADDRESS **107-B 73RD AVE**
CITY-ST-ZIP **HOLMES BEACH FL 34218**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34217**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
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: *Anne Lemoyné Brossard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 8th 2000
Date Daytime Phone #

CR2E034 (9/99)