

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90032 011 ***150.00

DOCUMENT # P93000049261
 1. Entity Name
6313-14-15, INC.

Principal Place of Business Mailing Address
1401 MANATEE AVE W. SUITE 920 BRADENTON FL 34206-0551
C/O CHAIT, JONATHAN 52 SUMMIT CIRCLE MONTREAL QU-18T CA

2. Principal Place of Business 3. Mailing Address
601 12th Street West
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BRADENTON, FLORIDA

Zip Country Zip Country
34205 USA H3Y1B3

4. FEI Number **65-6132459** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
QUINLAN, JOHN V 1401 MANATEE AVE W. SUITE 920 BRADENTON FL 34206-0551

7. Name and Address of New Registered Agent
 Name **JOHN V. QUINLAN**
 Street Address (P.O. Box Number is Not Acceptable)
601 12th Street West
 City **BRADENTON** FL **34205**

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]* DATE **9/11/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D CHAIT, JONATHAN 52 SUMMIT CIRCLE MONTREAL, CANADA H3Y- 1B3 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE: **Apr 8/00** 514-781-2251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE