

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000051544**
1. Entity Name
CETCO INVESTMENTS, INC.

666292

Principal Place of Business
**18000 N BAY ROAD
UNIT 803
MIAMI BEACH FL 33160**

Mailing Address
**18000 N BAY ROAD
UNIT 803
MIAMI BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0452060	
Suite Apt #, etc		Suite Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent LABOSSIARE, MARC 1222 NE 4TH AVE FORT LAUDERDALE FL 33304			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State FL			State FL		
Zip			Zip		

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 _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See Statute on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. This corporation is financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TYPE NAME STREET ADDRESS CITY STATE ZIP	PT FORTIER, ANDRE' 450 ST-GEORGES APT 814 ST LAMBERT, QUILEE CANADA	TYPE NAME STREET ADDRESS CITY STATE ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add
TYPE NAME STREET ADDRESS CITY STATE ZIP	V FORTIER, FRANCOIS 1035 BEAUBIEN MONTREAL QUEBEC CANADA	TYPE NAME STREET ADDRESS CITY STATE ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add
TYPE NAME STREET ADDRESS CITY STATE ZIP	S FORTIER, FERNANDEZ S 450 ST GEORGES APT 814 ST LAMBERT QUEBEC CANADA	TYPE NAME STREET ADDRESS CITY STATE ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add
TYPE NAME STREET ADDRESS CITY STATE ZIP		TYPE NAME STREET ADDRESS CITY STATE ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add
TYPE NAME STREET ADDRESS CITY STATE ZIP		TYPE NAME STREET ADDRESS CITY STATE ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add
TYPE NAME STREET ADDRESS CITY STATE ZIP		TYPE NAME STREET ADDRESS CITY STATE ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 Back Matter, Item 12, changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: *Andre Fortier* **05/26/2002**

Attachment ~~Doc~~ !

P93000051544

666292

04-26-2002

DIVISION OF CORPORATIONS

ANNUAL REPORTS SECTION

P.O. BOX 1500

TALLAHASSEE, FL. 32302-1500

TO WHOM IT MAY CONCERN:

ORIGINAL FORM WAS LOST IN THE MAIL.

WILL YOU PLEASE MAKE A CHANGE IN THE MAILING ADDRESS:

MAILING ADDRESS: CETCO INVESTMENT INC.

450 ST-GEORGES ST # 614

ST-LAMBERT, QUEBEC

CANADA.

J4P 3H7

THANK YOU

ANDRE FORTIER.