

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000028946**

Entity Name

REBECCA PROPERTIES, INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90184 021 ***150.00

0057632

Principal Place of Business

**4333 STE-CATHERINE QUEST, SUITE 400
MONTREAL, QUEBEC, H3Z 1P9
CN**

Mailing Address

**2705 W FAIRBANKS AVENUE
WINTER PARK FL 32789
CN**

2. Principal Place of Business

3. Mailing Address

4333 St-Catherine W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

City & State

MONTREAL QUEBEC

Zip

Country

Zip

Country

H3Z 1P9**CANADA**4. FEI Number **59-3320558**

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

**BLAU, LESLIE A.
2705 W. FAIRBANKS AVE.
WINTER PARK FL 32789**

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)

April 27th, 2001
DATE9. 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, 2001 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ATTIAS, JACOB									
	C/O 4333 STE-CATHERINE QUEST, STE. 400									
	MONTREAL, QUEBEC, H3Z 1P9									
	V			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	STEPHENS, A. DALE									
	424 ROCKAFELLOW WAY									
	ORLANDO FL									
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27th, 2001
Date(514) 933-8400
Daytime Phone #

CR2E034 (10/00)