

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90026 008 ***550.00

DOCUMENT # P94000028946

1. Entity Name
REBECCA PROPERTIES, INC.

Principal Place of Business
4333 STE-CATHERINE QUEST, SUITE 400
MONTREAL, QUEBEC, H3Z 1P9
CN

Mailing Address
4333 STE-CATHERINE QUEST, SUITE 400
MONTREAL, QUEBEC, H3Z 1P9 FL 32789
CN

O I U U U



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 **59-3320558**

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

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

Name **TAYLOR, JOHN A.**
 Street Address (P.O. Box Number is Not Acceptable)
FASSETT, Anthony + Taylor, P.A
1325 W. COLONIAL DRIVE
 City **ORLANDO** FL Zip Code **32804**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John A. Taylor* **John A. Taylor** **9-3-2002**
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	ATTIAS, JACOB
STREET ADDRESS	C/O 4333 STE-CATHERINE QUEST, STE. 400
CITY-ST-ZIP	MONTREAL, QUEBEC, H3Z 1P9
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5th August 2002 514 933-8460
 Date Daytime Phone #

CR2E034 (4/02)