

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90073 017 ***150.00

DOCUMENT # P95000084141

1. Entity Name

DELRAY BEACH INTERNATIONAL TENNIS RESORT, INC.

Principal Place of Business

Mailing Address

650 EGRET CIR
 DELRAY BEACH FL 33444
 US

171 BOUL. DE MORTAGNE
 BOUCHERVILLE Q8 J4B
 US

2. Principal Place of Business

3. Mailing Address

171 BOUL. DE MORTAGNE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOUCHERVILLE QUEBEC

Zip

Country

Zip

Country

J4B 6G4 CANADA

4. FEI Number

65-0617367

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

**GAETEN, MORIN
 7105 VIA FIRENZE
 BOCA RATON FL 33433**

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

F. Vallet

FRANCOIS VALLET

04/01/00

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 \$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: **GMP** Delete
 NAME: **LECLERC, LAURENT**
 STREET ADDRESS: **650 EGRET CIR**
 CITY-ST-ZIP: **DELRAY BCH. FL 33444**

TITLE: **GMP** Change Addition
 NAME: **MORIN, GAETAN**
 STREET ADDRESS: **7105 VIA FIRENZE**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

TITLE: Change Addition
 NAME: **(SEC. TREASURER) ST**
 STREET ADDRESS: **VALLET FRANCOIS**
 CITY-ST-ZIP: **2550 SW 18TH TER # 2118 FORT LAUDERDALE FL 33315**

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change 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: **FRANCOIS VALLET** **04/01/00** **(561)543-2962**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25024 (9/99)