

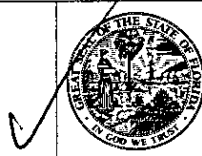
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91408 020 ***150.00

DOCUMENT # P95000084141

1. Entity Name
DOWNTOWN CAPITAL, INC.



Principal Place of Business
**2105 LAVERS CIRCLE
200
DELRAY BEACH FL 33444
US**

Mailing Address
**171 BOUL. DE MORTAGNE
BOUCHERVILLE. QUEBEC. CANADA J4B -G4**

2. Principal Place of Business
16900 North Bay Road

Suite, Apt. #, etc.
Suite 1815

City & State
Sunny Isles Beach, FL

Zip
33160

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
J4B 6G4

Country

4. FEI Number
65-0617367

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**GMP
MORIN, GAETAN
7105 VIA FIRENZE
BOCA RATON FL 33433**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**ST
VALLET, FRANCOIS
2105 LAVERS CIRCLE # 200
DELRAY BEACH FL 33444**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**ST
Vallet, Francois
16900 North Bay Road, Suite 1815
Sunny Isles Beach, FL 33160**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Francis Vallet**
SIGNATURE REQUIRED

May 1, 2003

(561) 543-2262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)