

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095941

1. Entity Name

SHOP-EXP, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90066 044 ***150.00

Principal Place of Business

Mailing Address

425 PLACE JACQUES CARTIER
400
MONTREAL QUEBEC CA H2Y 3-1
US

~~2875 NE 191ST STREET STE 404~~
~~NO MIAMI BEACH FL 33180 2831~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

425 Place Jacques Cartier

425 Place Jacques Cartier

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400

400

City & State

City & State

Montreal Quebec

Montreal Quebec

Zip

Zip

H2Y 3-1

Country

Canada

Zip

H2Y 3-1

Country

Canada

4. FEI Number

65-0110317

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

REINHARD, SANFORD N.
2875 NE 191ST STREET STE 404
NO MIAMI BEACH FL 33180

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)

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 PT ☐ Delete
NAME WOLFE, HARVEY
STREET ADDRESS 698B ABERDEEN AVE
CITY-ST-ZIP WESTMOUNT QC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Delete
NAME SHAPIRO, MARK
STREET ADDRESS 4710 ROSLYN AVE
CITY-ST-ZIP MONTREAL-QUE CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 information.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)