

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011237

1. Entity Name

CAN-AM GOLF GROUP, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90083 029 \*\*\*150.00

Principal Place of Business

100 N.W. 51ST COURT  
FT. LAUDERDALE FL 33309

Mailing Address

100 N.W. 51ST COURT  
FT. LAUDERDALE FL 33309-3217

2. Principal Place of Business

2601 NW 48TH TERRACE  
Suite, Apt. #, etc.  
APT 251

3. Mailing Address

2601 NW 48TH TERRACE  
Suite, Apt. #, etc.  
APT 251

City & State

LAUDERDALE LAHNS

City & State

LAUDERDALE LAHNS

Zip

33313

Country

U.S.

Zip

33313

Country

U.S.

4. FEI Number

65-0656842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOULET, HARMEL  
100 N.W. 51ST COURT  
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name HARMEL GOULET  
Street Address (P.O. Box Number is Not Acceptable)  
2601 NW 48TH TERRACE #251  
City LAUDERDALE LAHNS FL Zip Code 33313

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

*Harmel Goulet*

HARMEL GOULET

04/04/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOULET, HARMEL	
STREET ADDRESS	100 N.W. 51ST COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GOULET, HARMEL	
STREET ADDRESS	100 NW 51ST CT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2601 NW 48TH TERRACE ADDRESS	
STREET ADDRESS	APT 251	
CITY-ST-ZIP	LAUDERDALE LAHNS FL 33313	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

*Harmel Goulet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARMEL GOULET

Date

4/4/00

Daytime Phone #

CFR2034 (9/99)