

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036557

1. Entity Name

AMCAN FASTENERS, INC.

Principal Place of Business

3661 NW 126TH AVENUE  
CORAL SPRINGS FL 33065

Mailing Address

3661 NW 126TH AVENUE  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0696233

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

BERGEL, ALEXANDER  
3661 N.W. 126TH AVE.  
CORAL SPRINGS FL 33065

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, 2001 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 DVP ☐ Delete  
NAME PASCHINI, JEAN  
STREET ADDRESS 3661 NW 126TH AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME DUTIL, MARCEL  
STREET ADDRESS 99 DAGUELO  
CITY-ST-ZIP OUTREMONT, QUEBEC, CANADA

TITLE DP ☐ Delete  
NAME CALGARO, JEAN  
STREET ADDRESS 3661 NW 126TH AVE  
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE DTS ☐ Delete  
NAME PASCHINI, MARISE  
STREET ADDRESS 8788 AETERNA  
CITY-ST-ZIP ST. LEONARD, QUEBEC, CANADA

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

TITLE D ☒ Delete  
NAME PASCHINI, PIERRE  
STREET ADDRESS 196 GRANDE COTE  
CITY-ST-ZIP BOISBRIAND, QUEBEC, CANADA

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

TITLE D ☒ Delete  
NAME LABELLE, PIERRE  
STREET ADDRESS 80 STE. CLAIRE PLACE  
CITY-ST-ZIP LAVAL, QUEBEC, CANADA

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

31-01-01

(800)263-7360

CR2E034 (10/00)