

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042003

1. Entity Name

MORIN DEVELOPMENT GROUP, INC.

Principal Place of Business

10282 BUENA VENTURA DRIVE
BOCA RATON FL 33498

Mailing Address

10282 BUENA VENTURA DRIVE
BOCA RATON FL 33498

2. Principal Place of Business

2105 LAVERS CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

171 de MORTAGNE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLORIDA

City & State

BOUCHERVILLE, QUEBEC

Zip

33444

Country

USA

Zip

J4B 6G4

Country

CANADA

4. FEI Number

65-0751810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COURCHENE, GILLES
10282 BUENA VENTURA DRIVE
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

MORIN GAETAN

Street Address (P.O. Box Number is Not Acceptable)

7105 VIA FIRENZE

City

BOCA RATON

FL

Zip Code

33433

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

4/10/01

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

TITLE PD ☐ Delete
NAME COURCHENE, GILLES
STREET ADDRESS 10282 BUENA VENTURA DRIVE
CITY-ST-ZIP BOCA RATON FL 33498

TITLE VSD ☐ Delete
NAME MORIN, GAETAN
STREET ADDRESS 171 BOUL MORTAGNE, BOUCHERVILLE
CITY-ST-ZIP QUEBEC, CANADA J4B -6G4

TITLE D ☐ Delete
NAME MORIN, PHILIPPE
STREET ADDRESS 171 BOUL MORTAGNE, BOUCHERVILLE
CITY-ST-ZIP QUEBEC, CANADA J4B -6G4

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE