

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042003

1. Entity Name

MORIN DEVELOPMENT GROUP, INC.



FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90142 023 ***150.00

8660070
NI

Principal Place of Business

2105 LAVERS CIRCLE
DELRAY BEACH FL 33444

Mailing Address

171 DE MORTAGNE
BOUCHERVILLE, QUEBEC J4B6G4
CD

2. Principal Place of Business

7105 VIA FIRENZE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

City & State

Zip

33433

Country

USA

Country

4. FEI Number

65-0751810

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

GAETAN, 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 PD
NAME MORIN, GAETAN
STREET ADDRESS 7105 VIA FIRENZE
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

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

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

Daytime Phone #

CR2E034 (10/02)