

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029331

1. Entity Name

INVEST GAIN INC.

Principal Place of Business

2700 W ATLANTIC
200-300
POMPANO BEACH FL 33069
US

Mailing Address

2700 W ATLANTIC
200-300
POMPANO BEACH FL 33069
US

2. Principal Place of Business

2700 W. ATLANTIC

3. Mailing Address

2700 W. ATLANTIC

Suite, Apt. #, etc.

#200-25

Suite, Apt. #, etc.

#200-25

City & State

POMPANO FLORIDA

City & State

POMPANO FLORIDA

Zip

33069

Country

USA

Zip

33069

Country

USA

6. Name and Address of Current Registered Agent

LAMOTHE, FERNAND
721 SE 17TH STREET
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name: MARE LABOSSIERE, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1222 NE 4TH AVENUE
City: FORT LAUDERDALE
State: FL Zip Code: 33304

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

04/01/01

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: DP
NAME: ZIADE, L. LEO
STREET ADDRESS: 3525 NOISY BROSSARD
CITY-ST-ZIP: QUEBEC J4Y 1Z4, CANADA ☐ Delete

TITLE: DV
NAME: BESNER, GAETAN
STREET ADDRESS: 2240 CYPRESS BEND #306
CITY-ST-ZIP: POMPANO BEACH FL 33069 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 #

GAETAN BESNER 04/1/01 2701269

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90032 032 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)