

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90041 024 ***150.00

DOCUMENT # S83078

1. Entity Name

BEAUFORT, INC.

Principal Place of Business

C/O TIMOTHY J. NORRIS
 100 SE 2ND ST. . STE 2100
 MIAMI FL 33131
 US

Mailing Address

C/O TIMOTHY J. NORRIS
 100 SE 2ND ST. . STE 2100
 MIAMI FL 33131
 US

2. Principal Place of Business

6500 Trans Canada Highway

Suite, Apt. #, etc.

Suite 210

City & State

St. Laurent, Quebec

Zip

H4T-1X4

Country

CANADA

3. Mailing Address

6500 Trans Canada Highway

Suite, Apt. #, etc.

Suite 210

City & State

St. Laurent, Quebec

Zip

H4T-1X4

Country

CANADA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0285193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NORRIS, TIMOTHY J
 BUCHANAN INGERSOLL P.C.
 100 SE 2ND ST., STE. 2100
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name LOUISE J. ALLEN, ESQ

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

STEARNS WRAVER MILLER WEISSLER ALHADEFF & SITTERSON

200 EAST BROWARD BLVD. SUITE 1900

City

FORT LAUDERDALE

FL

Zip Code

33301

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

Louise J Allen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/01

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

TITLE PD ☒ Delete
 NAME ZUNENSHINE, DAVID
 STREET ADDRESS 6500 TRANS CANADA HIGHWAY, SUITE 210
 CITY-ST-ZIP ST LAURENT QU H4T 1

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
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 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 P D Michael Zunenshine
 STREET ADDRESS 6500 Trans Canada Highway, Suite 210
 CITY-ST-ZIP St Laurent, Quebec, H4T 1X4

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

TITLE ☐ Change ☐ Addition
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 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:

Michael Zunenshine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 2001

Date

514-344-1300

Daytime Phone #

CR2E034 (10/00)

0150354