

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V44976

1. Entity Name
WONO CANADA, INC.



90127757



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
~~7500 CENTRAL PARK CIRCLE~~
~~TAMPA, FL 33637~~

Mailing Address
~~7500 CENTRAL PARK CIRCLE~~
~~TAMPA, FL 33637~~

2. Principal Place of Business
6080 Parent

3. Mailing Address
6080 Parent

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Brossard, Quebec

City & State
Brossard, Quebec

4. FEI Number
59-3129281

Applied For
Not Applicable

Zip
J4W-1K5

Country
Canada

Zip
J4W-1K5

Country
Canada

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

LANGELIER, MAURICE
~~7500 CENTRAL PARK CIRCLE~~
~~TAMPA, FL 33637~~

Name
Street Address (P.O. Box Number is Not Acceptable)
909 Symphony Beach Lane

City
Apollo Beach

FL Zip Code
33572

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's 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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
WOU, JOHN
~~7500 CENTRAL PARK CIRCLE~~
~~TAMPA, FL 33637~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STV
SAI-ON NGO, JACK
~~7500 CENTRAL PARK CIRCLE~~
~~TAMPA, FL 33637~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

6080 Parent, Brossard
Quebec, J4W-1K5, Canada

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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: * *Jack Ngo* JACK NGO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28 '03 (450) 672-0129

Date

Daytime Phone #

CR2E034 (10/02)