

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90031 002 \*\*\*150.00

**DOCUMENT # V58867**

1. Entity Name

**FABREX LEASING, INC.**

Principal Place of Business

Mailing Address

**3918 N HIGHLAND AVE  
TAMPA FL 33603  
US**

**3630 CHERBOURG  
TROIS-RIVIERES-QUEST  
QUEBEC, CANADA G8Y 5R2**

2. Principal Place of Business

3. Mailing Address

**3630 CHERBOURG**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TROIS-RIVIERES, QUEBEC**

Zip

Country

Zip

Country

**G8Y 6P7 CANADA**

4. FEI Number

**59-3218126**

Applied For

Not Applicable

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

**ELIAS, STEVEN D.  
1164 EAST OAKLAND PARK BLVD.  
SUITE 200  
FT. LAUDERDALE FL 33334**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS PARE, PIERRE 3510 LEFORT TROIS-RIVIERES-QUEST QUEBEC, CANADA G8Y 5R2</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PARE, PIERRE 3510 LEFORT TROIS-RIVIERES-QUEST QUEBEC, CANADA G8Y 5R2</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3630 CHERBOURG TROIS-RIVIERES, QUEBEC, CANADA G8Y 6P7</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3630 CHERBOURG TROIS-RIVIERES, QUEBEC, CANADA G8Y 6P7</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**PIERRE PARE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 4, 2002 (819) 695-2269**  
Date Daytime Phone #

CP2E034 (9/01)