2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # F38884** 1. Entity Name 94042 CAÑADA \FLORIDA\, INC. 02-01-2001 90023 023 ***150.00 Principal Place of Business Mailing Address 444 ST. MARY AVE. 390 ACCINIDOINE AVE 200-250 MCDERMOT AVE **SUITE 1505** WINNIPEG CA R3C0Y WINNIPEG, MAN., CANADA R3C O R3C3T 910928 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State **NOT APPLICABLE** Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired . . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE FL 32301 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. XX Change Addition ☐ Delete TITLE TITLE KEENBERG, RONALD DOUGLAS NAME NAME 200-250 McDermot Avenue STREET ADDRESS 2 AVONHERST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINNIPEG, MANITOBA. Winnipeg, Manitoba, Canada, R3B 0S5 ☐ Addition XX Change ☐ Delete TITLE KEENBERG, RONALD DOUGLAS NAME NAME 200-250 McDermot Avenue STREET ADDRESS STREET ADDRESS 2 AVONHERST CITY-ST-ZIP Winnipeg, Manitoba, Canada, R3B OS5 CITY-ST-ZIP WINNIPEG, MANITOBA TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Signature of an authorized signing officer of the Corporation

☐ Delete

JAN 22, 2001 (804) 957-7000

Date Davime Phone #

☐ Change

Addition