

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0255436  
 AV

04-02-2002 90094 043 \*\*\*150.00

**DOCUMENT # F94000006174**

1. Entity Name  
**2970333 CANADA INC.**

Principal Place of Business  
 % VISTAVIEW APARTMENTS. LTD.  
 17094 COLLINS AVE. SUITE 104  
 MIAMI BEACH FL 33160

Mailing Address  
 % VISTAVIEW APARTMENTS. LTD.  
 17094 COLLINS AVE. SUITE 104  
 MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
17098 COLLINS AVE  
 Suite, Apt. #, etc.

3. Mailing Address  
17098 COLLINS AVE  
 Suite, Apt. #, etc.

City & State  
SUNNY ISLES BEACH

City & State  
SUNNY ISLES BEACH

Zip Country  
33160

Zip Country  
33160

4. FEI Number **65-0565569** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROGOVIN, LAWRENCE H ESQ**  
**17071 W. DIXIE HWY**  
**SUITE B**  
**NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent  
 Name  
LESNIAK IRWIN  
 Street Address (P.O. Box Number is Not Acceptable)  
17098 COLLINS AVENUE  
 City  
SUNNY ISLES BEACH FL Zip Code  
33160

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 *Irwin Lesniak* (NOTE: Registered Agent signature required when reinstating) DATE 3-21-2002

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LESNIAK, IRWIN 5435 DE TERREBONNE, SUITE 101, MONTRAL QUEBEC, CANADA H4A 3R7	<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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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: *Irwin Lesniak* DATE 3-21-2002 DAYTIME PHONE # 1-305-945-1050

CR2E034 (9/01)