

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90109 018 \*\*\*158.75

**DOCUMENT # P03945**  
**1. Entity Name**  
**554752 ONTARIO, LTD., INCORPORATED**

<b>Principal Place of Business</b> 25 SHEPPARD AVE. WEST SUITE 700 NORTH YORK ON M2-N6S6 CA	<b>Mailing Address</b> 25 SHEPPARD AVE. WEST SUITE 700 NORTH YORK ON M2 CA
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b> TORONTO	<b>City &amp; State</b> TORONTO
<b>Zip</b> M2N 6S6	<b>Country</b> CANADA
<b>Zip</b> M2N 6S6	<b>Country</b> CANADA

**4. FEI Number** NOT APPLICABLE  Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**NEWBURGH, STEVEN**  
**3081 EAST COMMERCIAL BLVD.**  
**FORT LAUDERDALE FL 33308**

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ (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, 2000 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	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>CORMIER, BERNARD</b> <b>2883 BLOOR STREET WEST</b> <b>TORONTO ONTARIO CAN.</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>CORMIER, BERNICE</b> <b>2883 BLOOR STREET WEST</b> <b>TORONTO ONTARIO CAN.</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> 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:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 \_\_\_\_\_ **BERNARD CORMIER** **TORONTO ONTARIO**  
**J. KRONIS - SOLICITOR**  
 Date **416 225** Day **8/30**

CR2E034 (9/99)