

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90026 045 \*\*\*150.00

0633617

**DOCUMENT # P30648**

1. Entity Name:  
**861134 ONTARIO LIMITED INC.**

Principal Place of Business

Mailing Address

**96 MARIA'S QUAY  
 COBOURG  
 ONTARIO, CANADA K9-A5R6  
 CA**

**96 MARIA'S QUAY  
 COBOURG  
 ONTARIO, CANADA K9-A5-6  
 CA**

**771968**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0200059**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**MACKLIN, GORDON  
 3152 HERON SHORES DRIVE  
 VENICE FL 34293**

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: *Gordon S. Macklin*  
 Signature, typed or printed name of registered agent and title if applicable. (NOT 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, 2001 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 **PD**  Delete  
 NAME **MACKLIN, GORDON S.**  
 STREET ADDRESS **3152 HERON SHORES DR**  
 CITY-ST-ZIP **VENICE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 empowerments.

SIGNATURE: *Gordon S. Macklin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 1 2001* Date  
*1-905-372-5180* Daytime Phone #

CR2E034 (10/00)

A. Ahmad

# P30648

171968

May 25/01

To Whom it may concern. #

Due to Mr. Gordon Macklin's illness this tax form is late. Please consider the fact that he has been in hospital for two months. I hope everything is in order.

Thank you  
Gordon Macklin