

10/20

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 22 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39683**

1. Entity Name
150666 CANADA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
955 RICHMOND ROAD

3. Mailing Address
955 RICHMOND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OTTAWA, ONTARIO

City & State
OTTAWA, ONTARIO

4. FEI Number
52-1788645

Applied For
 Not Applicable

Zip Country
K2B 6C1 CANADA

Zip Country
K2B 6C1 CANADA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
- Brunton Registered Agents Inc.

Street Address (P.O. Box Number is Not Acceptable)

4710 NW 2ND AVENUE, #101

City **BOCA RATON** FL Zip Code **33431**

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 certifying)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
**KAY DILAWRI - PRESIDENT + SECRETARY
5 NESSITE STREET
OTTAWA, ON, CANADA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP FINANCE
KHALID HASAN
955 RICHMOND ROAD
OTTAWA, ON, CANADA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100007280477

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 19, 2022 (612) 726-0337

CR2E034B (12/01)

2002



ACCOUNT NO. : 072100000032
REFERENCE : 715030 9081A
AUTHORIZATION : Patricia Pizub
COST LIMIT : \$ 558.75

ORDER DATE : August 21, 2002
ORDER TIME : 8:36 AM
ORDER NO. : 715030-005
CUSTOMER NO: 9081A
CUSTOMER: Ms. Lisa K. Johnson
Maclean & Ema
2600 Ne 14th Street Causeway
Pompano Beach, FL 33062

SUBMIT
give original
date as file date.

ANNUAL REPORT FILING

NAME: 150666 CANADA INC.

RESUBMIT
please give original
filing date as file date.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull-EXT#1115
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

EXAMINER'S INITIALS:

02 AUG 22 AM 10:34

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