

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90171 019 ***150.00

DOCUMENT # P94000084125

1. Entity Name

DAWSCO (U.S.) REALTY ADVISORY CORP.

Principal Place of Business

Mailing Address

2401 PGA BLVD
 SUITE 280
 PALM BCH GARDENS FL 33410
 US

2401 PGA BLVD
 SUITE 280
 PALM BCH GARDENS FL 33410-3516
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0150618

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

7. Name and Address of New Registered Agent

WIENER, ESQ. DAVID J.
2401 PGA BLVD
SUITE 280
PALM BCH GARDENS FL 33410

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	COHEN, PETER	30 ST CLAIR AVE W STE 1400	TORONTO ONTARIO M4V 3A1 CAN 03404	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P/D	Cohen, Peter	30 St. Clair Avenue West, Suite 1400	Toronto, Ontario M4V3A1 Canada	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Cohen, Ricky Stupp	30 St. Clair Avenue West, Suite 1400	Toronto, Ontario M4V 3A1 Canada	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Stupp, Lillian	30 St. Clair Avenue West, Suite 1400	Toronto, Ontario M4V3A1 Canada	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15/00

Date

(416) 515-1400

Daytime Phone #

CR2E034 (9/99)