

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

00289905

DOCUMENT # P94000084125

1. Entity Name
DAWSCO (U.S.) REALTY ADVISORY CORP.

04-05-2001 90016 014 ***150.00

Principal Place of Business Mailing Address
2401 PGA BLVD **2401 PGA BLVD**
SUITE 280 **SUITE 280**
PALM BCH GARDENS FL 33410 **PALM BCH GARDENS FL 33410**
US **US**



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 **98-0150618** Applied For
 Not Applicable

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

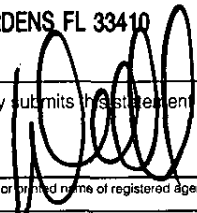
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

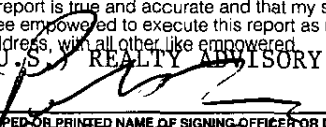
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  3-27-01
Signature, typed or printed name of registered agent and title if applicable. (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. **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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	NAME	
STREET ADDRESS	COHEN, PETER	STREET ADDRESS	
CITY-ST-ZIP	30 ST CLAIR AVE W STE 1400	CITY-ST-ZIP	
	TORONTO, ONTARIO, CANADA M4-V3A1		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	NAME	
STREET ADDRESS	COHEN, RICKY S	STREET ADDRESS	
CITY-ST-ZIP	30 ST CLAIR AVE W STE 1400	CITY-ST-ZIP	
	TORONTO, ONTARIO, CANADA M4-V3A1		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	NAME	
STREET ADDRESS	STUPP, LILLIAN	STREET ADDRESS	
CITY-ST-ZIP	30 ST CLAIR AVE W STE 1400	CITY-ST-ZIP	
	TORONTO, ONTARIO, CANADA M4-V3A1		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowered.

SIGNATURE: By:  3-27-01 416-515-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)