FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 31 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000062623

1. Entity Name
SOUTH FLORIDA COMPLETION CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5555 NW 15TH AVENUE	2085 HURONTARIO STREET
Suite, Apt. #, etc.: HANGAR 66	Suite, Apt. #, etc.: #200
City & State: FORT LAUDERDALE, FLORIDA	City & State: MISSISSAUGA, ONTARIO
Zip: 33309 Country: U.S.A.	Zip: L5A 4G1 Country: CANADA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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: SHARLENE BRENKUS

Street Address (P.O. Box Number is Not Acceptable): Ste. 260, 800 W. Cypress Creek Road

City: Ft. Lauderdale F FL Zip Code: 33309

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

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	DST
NAME	SHARLENE BRENKUS
STREET ADDRESS	Ste. 260, 800 W. Cypress Creek Road
CITY-ST-ZIP	Ft. Lauderdale, Florida 33309
TITLE	P
NAME	RAYMOND F. VANASSE
STREET ADDRESS	2085 HURONTARIO STREET, #200
CITY-ST-ZIP	MISSISSAUGA, ONTARIO, CANADA, L5A4G1
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE RAYMOND F. VANASSE May 1, 2002 (905) 803-8898