2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35253

SIGNATURE

AIPEG PROPERTY CORPORATION

Principal Place of Business

Mailing Address

C/O C T CORPORATION SYSTEM

P.O. BOX 631 WILMINGTON DE 19899 C/O C T CORPORATION SYSTEM P.O. BOX 631

WILMINGTON DE 19899-0631

3. Mailing Address 2. Principal Place of Business

FILED Mar 01, 2000 8:00 am **Secretary of State**

03-01-2000 90026 016 ***150.00



DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 51-0034548 Not Applicable Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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

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

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE ROSE, BARRIE D. NAME NAME AUENUE KOAU 2100 - 38 STREET ADDRESS 3108 - 99 HARBOUR SQUARE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONT., CANADA AS TITLE ☐ Delete TITLE ROSE, JOHN A. NAME NAME STREET ADDRESS 28 PEVERIL ROAD NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONT., CANADA Change Addition ☐ Delete TITLE ROSE, PAUL A. NAME c/o BARRIED. ROSE 2100-38 AvenuE RD. STREET ADDRESS C/O BARRIE D. ROSE, 3108-99 HARBOUR SQ. STREET ADDRESS TORONTO, ONT. CAN CITY-ST-7IP CITY-ST-ZIP TORONTO ON ☐ Addition AS ☐ Delete TITLE NAME ROSE, ROBERT A. NAME 44 ST JOSEPH ST. APT 2614 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORONTO ON Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR