

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-15-2002 90004 008 ***150.00

DOCUMENT # F01000003246

1. Entity Name

833326 ONTARIO, INC.

Principal Place of Business

915 MIDDLE RIVER DRIVE SUITE 506
FORT LAUDERDALE FL 333041325 GOLDEN MEADOW TRAIL
OAKVILLE ONT. L6H 3H1
CANADA

Mailing Address

915 MIDDLE RIVER DRIVE SUITE 506
FORT LAUDERDALE FL 333041325 GOLDEN MEADOW TRAIL
OAKVILLE ONT. L6H 3H1
CANADA

2. Principal Place of Business

1325 GOLDEN MEADOW TRAIL

Suite, Apt. #, etc.

TR

3. Mailing Address

1325 GOLDEN MEADOW TRAIL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OAKVILLE ONTARIO

City & State

OAKVILLE, ONTARIO

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

58-2629257

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

Zip

L6H 3H1 CANADA

Zip

L6H 3H1 CANADA

6. Name and Address of Current Registered Agent

MORANIS, GEORGE R

915 MIDDLE RIVER DRIVE, SUITE 506
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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

VICTOR SARIC PRESIDENT

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

(NOTE: Registered Agent signature required when changing agent)

 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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	CDP			
	SARIC, VICTOR	1325 GOLDEN MEADOW TRAIL	OAKVILLE ONTARIO CANADA	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	S			
	SARIC, HELEN	1325 GOLDEN MEADOW TRAIL	OAKVILLE ONTARIO CANADA	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

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 4/02

Date

905.842-0578

Daytime Phone #