

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0149380 MB

DOCUMENT # P35253

1. Entity Name
AIPEG PROPERTY CORPORATION



FILED
03 SEP 25 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O C T CORPORATION SYSTEM
P.O. BOX 631
WILMINGTON DE 19899

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

2. Principal Place of Business

3. Mailing Address

50 BARTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TORONTO, ONT

4. FEI Number 51-0034548

Applied For

Not Applicable

Zip

Country

Zip

Country

M9N 2G5

CANADA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

9.22.03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROSE, BARRIE D.
STREET ADDRESS 2100-38 AVENUE RD
CITY-ST-ZIP TORONTO, ONT., CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900023337499
09/25/03--01039--007 **550.00

TITLE AS
NAME ROSE, JOHN A.
STREET ADDRESS 28 PEVERIL ROAD NORTH
CITY-ST-ZIP TORONTO, ONT., CANADA ☐ Delete

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

TITLE AS
NAME ROSE, PAUL A.
STREET ADDRESS C/O BARRIE D. ROSE, 3108-99 HARBOUR SQ.
CITY-ST-ZIP TORONTO ON ☐ Delete

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

TITLE AS
NAME ROSE, ROBERT A.
STREET ADDRESS 44 ST JOSEPH ST. APT 2614
CITY-ST-ZIP TORONTO ON ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)