

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90285 040 ***150.00

DOCUMENT # 524923

1. Entity Name
PORT HOLDENS (U.S.) INC.

Principal Place of Business TORO ROAD ONTARIO CANADA L4B32-7	Mailing Address 130 TORO ROAD DOWNSVIEW, ONTARIO CANADA L4B32
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 50 CONFEDERATION PKWY Suite, Apt. #, etc.	3. Mailing Address 50 CONFEDERATION PKWY Suite, Apt. #, etc.
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City & State CONCORD, ONTARIO	City & State CONCORD, ONTARIO	4. FEI Number 58-1347728	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip L4K 4T8	Country CANADA	Zip L4K 4T8	Country CANADA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRIDGES, R A
334 MINORCA AVE
STE 200
CORAL GABLE FL 33134

7. Name and Address of New Registered Agent
 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 _____ 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 P	<input type="checkbox"/> Delete
NAME MUZZO, MARCO	
STREET ADDRESS 200 SYLVADENE PKWY	
CITY-ST-ZIP WOODBRIIDGE, ONTARIO	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **X SIGNATURE REQUIRED**
MARCO MUZZO
 Signature and typed or printed name of signing officer or director
 Date: **April 25/00**
 Daytime Phone #: **(905) 226-4000**

CR2E034 (9/99)