

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 591707

1. Entity Name

PATERVIC CORPORATION



03 OCT 22 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
11460 QUAIL VILLAGE WAY

3. Mailing Address  
11460 QUAIL VILLAGE WAY

**REINSTATEMENT** 03  
DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NAPLES, FLORIDA

City & State  
NAPLES, FLORIDA

4. FEI Number 59-1882166

Applied For  
Not Applicable

Zip  
34119

Country  
USA

Zip  
34119

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DADE COUNTY CORPORATE AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)

M-102 19 WEST FLAGLER STREET

City MIAMI

FL Zip Code 33130

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. 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

700024023977  
10/22/03--01066--012 \*\*\$500.00

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME PD VICTOR SHIELDS  
STREET ADDRESS 2221 YONGE STREET # 606  
CITY - ST - ZIP TORONTO, ONTARIO, CANADA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

700024023977  
10/22/03--01066--013 \*\*\$150.00

TITLE  
NAME STD RHODA SHIELDS  
STREET ADDRESS 2221 YONGE STREET # 606  
CITY - ST - ZIP TORONTO, ONTARIO, CANADA

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 21, 2003 416-486-9876

Date

Daytime Phone #

CR2E034B (12/02)

711012