

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90004 011 ***550.00

DOCUMENT # 592166

1. Entity Name
TORONTO INVESTMENTS, LTD., INC.

Principal Place of Business
48 ST CLAIR AVENUE. WEST
SUITE 1100
TORONTO, ONT. CAN. M4V 2Z2

Mailing Address
48 ST CLAIR AVENUE. WEST
SUITE 1100
TORONTO, ONT. CAN. M4V 2Z2

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1869700

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND DRIVE
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, or both, in the State of Florida.

SIGNATURE _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, JOEL		NAME	Goldstein Edwin	
STREET ADDRESS	48 ST. CLAIR AVE. W, STE 1100		STREET ADDRESS	48 St. Clair Ave. W, Suite 1100	
CITY-ST-ZIP	TORONTO ON		CITY-ST-ZIP	TORONTO ON	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, DAVID		NAME	Goldstein, Harold	
STREET ADDRESS	48 ST. CLAIR AVE. W., STE 1100		STREET ADDRESS	48 St. Clair Ave. W, Suite 1100	
CITY-ST-ZIP	TORONTO ON		CITY-ST-ZIP	TORONTO ON	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, MICHAEL		NAME	Goldstein, Michael	
STREET ADDRESS	64 MERTON ST		STREET ADDRESS	64 Merton Street,	
CITY-ST-ZIP	TORONTO ON		CITY-ST-ZIP	TOR. ON	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	David, Sharon Lee	
STREET ADDRESS			STREET ADDRESS	48 St. Clair Ave. W, Suite 1100	
CITY-ST-ZIP			CITY-ST-ZIP	TORONTO ON	
TITLE		<input type="checkbox"/> Delete	TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Goldstein, David	
STREET ADDRESS			STREET ADDRESS	48 St. Clair Ave. W, Suite 1100	
CITY-ST-ZIP			CITY-ST-ZIP	TORONTO ON	
TITLE		<input type="checkbox"/> Delete	TITLE	/	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED**

JUL 18 2000 (416) 961-5556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

DAVID GOLDSTEIN

CR2E034 (5/00)