

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90538 023 ***150.00

DOCUMENT # 608786

1. Entity Name
GREENLILL FLORIDA, INC.



Principal Place of Business
**238 DAVENPORT RD
#370
TORONTO, ONTARIO M5R 1J6
CA**

Mailing Address
**238 DAVENPORT RD
#370
TORONTO, ONTARIO M5R 1J6
CA**



2. Principal Place of Business
33 HAZELTON AVENUE

Suite, Apt. #, etc.
370

City & State
TORONTO

Zip
M5R-2E3

Country
ONTARIO

3. Mailing Address
33 HAZELTON AVENUE

Suite, Apt. #, etc.
370

City & State
TORONTO

Zip
M5R-2E3

Country
ONTARIO

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-1931015

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ATTERBURY, WILLIAM W III
321 ROYAL POINCIANA PLAZA
SUITE 1100
PALM BEACH, FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dorothy Ross* (NOTE: Registered Agent signature required when reinstating) DATE Jan 20/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D ROSS, DOROTHY		NAME	
STREET ADDRESS 238 DAVENPORT RD #370		STREET ADDRESS	
CITY-ST-ZIP TORONTO, ONTARIO M5R 1J6		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSS, DOROTHY		NAME	
STREET ADDRESS 238 DAVENPORT RD #370		STREET ADDRESS	
CITY-ST-ZIP TORONTO, ONTARIO M5R 1J6		CITY-ST-ZIP	

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: *Dorothy Ross* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Jan 20/03 DAYTIME PHONE # 416-925-3591

CR2E034 (10/02)