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

DOCU 1. Entity Nam R. P. HO	ne LDING, IN	NC.	<u>.</u>						03 APR 25						
Principal Place of Business C/O BROAD AND CASSELL 7777 GLADES ROAD SUITE 300 BOCA RATON FL 33434				Mailing Address C/O BROAD AND CASSELL 7777 GLADES ROAD SUITE 300 BOCA RATON FL 33434				SECRETARY OF STATE TALLAHASSEE, FLORIDA							
2. Principal Place of Business				3. Mailing Address Suite, Apt. #, etc.							1 91211 91811 919(1	# # # # # # # # # # # # # # # # # # #			
Suite, Apt. #, etc.								CHECK HERE IF MAKING CHANGES  4. FEI Number FO. 1020000 Applied For							
City & State				City & State				4. FE	59-1933	288	1	Applied For Not Applicable			
Zip	Country			Zip Count					ertificate of Status Desir		\$8.75 A				
·	6. Name	and Address of Current I	ed Agent		Name		7. Na	me and Address of N	ew Registered	1 Agent					
DEUTCH, JEFFREY							Street Address (P.O. Box Number is Not Acceptable)								
	DES ROAD TON FL 33	SUITE 300													
5007110	10111200					City				F	Zip Co	de			
	y submits this statement for ered agent.	ed office or re	egistere	d agen	it, or both, in the State			, and accept							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE															
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. Added to Fees															
10.		OFFICERS AND I		DRS	11.			ADD	ITIONS/CHANGES TO	OFFICERS AN	ND DIRECTO	RS IN 11			
TITLE	TVD			☐ Delete	TITLE		PD			9	Change				
NAME STREET ADDRESS CITY-ST-ZIP	8600 DEC	R, Franklin J. Arie Blyd, Suite 200 Mount Royal QC				ET ADDRESS -ST-ZIP	86	00	CANTZ, ALIC	LVD, SU	JITE 20	00			
TITLE	PDS	TT CALL		∑ Delete	TITLE	,		O,E	<del>OF MOUNT I</del> ,s	<del>(UYAtı,</del>	Change	Addition			
NAME STREET ADDRESS CITY-ST-ZIP	POMERANTZ, SAUL 8600 DECARIE BLVD., SUITE 200 TOWN OF MOUNT ROYAL QC					ET ADDRESS -ST-ZIP		OMERANTZ, TERRY 600 DECARIE BLVD, SUITE 200							
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NAME STREET ADDRESS CITY-ST-ZIP	8600 DEC	), raphael Jr Arie #200 L, QC, canada				E ET ADDRESS -ST-ZIP		0	<b>600018</b> 5/07/03011	<b>:464</b> 3 )2001	396 **5000	.00			
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TITLE NAME				☐ Delete	TITLE	- 1					☐ Change	Addition			
STREET ADDRESS CITY-ST-ZIP		_			STRE	ET ADDRESS ST-ZIP						1			
12. Thereby certify that the information supplied with this filling 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 study 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 error feled 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.															
SIGNAT	URE: _	MATURE AND TYPED OR PE	. ц.	SIGNATURE:											