## 2001 UNIFORM BUSINESS RAPORT (UBR) FILED Mar 06, 2001 8:00 am Secretary of State **DOCUMENT # 625619** 1. Entity Name GRANT-ALLAN ENTERPRISES, INC. 03-06-2001 90345 027 \*\*\*150.00 Principal Place of Business Mailing Address 44 VICTORIA STREET 44 VICTORIA STREET THE VICTORIA TOWER 1614 THE VICTORIA TOWER 1614 TORONTO ONTARIO CANADA M5C1Y-20C TORONTO ONTARIO CANADA M5C1Y-20C 2. Principal Place of Business 3. Mailing Address P.O. Box 288 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State T. PETERSBURG Applied For City & State 4. FEI Number 59-1919043 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOTOS, MICHAEL É P.O. Box Number is Not Acceptable) 250 ROYAL PALM WAY AVENUE SUITE 300 PALM BEACH FL 33480 PETERS BURG 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Trust Fund Contribution. After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ¢11. ☐ Addition Change **DPST** □ Delete TITLE TITLE NAME NAME ALLAN, RUSSELL STREET ADDRESS STREET ADDRESS 44 VICTORIA STREET THE VICTORIA TOWER 1614 CITY-ST-ZIP CITY-ST-ZIP TORONTO ONTARIO CANADA M5C1Y-20C ☐ Addition ☐ Delete TITLE ☐ Change TITLE VΡ NAME NAME ALLAN, WILLIAM STREET ADDRESS STREET ADDRESS 44 VICTORIA STREET THE VICTORIA TOWER 1614 CITY-ST-7IP CITY-ST-ZIP <u>TORONTO ONTARIO CANADA M5C1Y-20C</u> ☐ Delete Change Addition TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition □ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR