2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-16-2004 90097 025 ***150.00

FILED 626529
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 27 AM 10:46

DOCUMENT # 626529

1. Entity Name
HARRY UNGERMAN, INC.

Principal Place of Business	Mailing Address
1000 PARKVIEW DR. SUITE 821 HALLANDALE, FL 33009	1000 PARKVIEW DR. SUITE 821 HALLANDALE, FL 33009

03022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-1993723 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERLOW, JEFFREY M., ESQ
1820 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

NEW ADDRESS →

7. Name and Address of New Registered Agent

Name: PERLOW, JEFFREY
Street Address (P.O. Box Number is Not Acceptable): 18901 N.E. 29TH AVENUE SUITE 100
City: AVENTURA FL Zip Code: 33180

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS UNGERMAN, HARRY 1000 PARKVIEW DR. 821 HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALAN UNGERMAN 60 SHALLMAR BLVD TORONTO ONTARIO CANADA M6C 2J9	☐ Change ☒ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN UNGERMAN — APRIL 1, 2004 — 416 785-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/27 AP