

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90400 009 ***150.00

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DOCUMENT # 626608

1. Entity Name
OUTPUT CONSTRUCTION, INC.



Principal Place of Business
C/O SANFORD REINHARD
2875 NE 191ST STREET. #404
NORTH MIAMI BCH. FL 33180

Mailing Address
C/O SANFORD REINHARD
2875 NE 191ST STREET. #404
NORTH MIAMI BCH. FL 33180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1938432**

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

REINHARD, SANFORD N., P.A.
C/O SANFORD REINHARD
2875 NE 191ST STREET, #404
NORTH MIAMI BCH. FL 33180

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

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **GOLDLIST, HARRY**
STREET ADDRESS **1 CLARK AVENUE WEST, UNIT 1104**
CITY-ST-ZIP **THORNHILL, ONTARIO L4J 7Y6**

TITLE **P** ☒ Change ☐ Addition
NAME **HARRY GOLDLIST**
STREET ADDRESS **1 CLARK AVENUE UNIT 1104**
CITY-ST-ZIP **L4J 7Y6 THORNHILL ONTARIO**

TITLE **S** ☒ Delete
NAME **GOLDLIST, BARRY GORDON**
STREET ADDRESS **318 BROOKE AVENUE**
CITY-ST-ZIP **TORONTO, ONTARIO M5M 2L3 FL**

TITLE **S** ☒ Change ☐ Addition
NAME **BARRY GORDON GOLDLIST**
STREET ADDRESS **138 GREY RD**
CITY-ST-ZIP **TORONTO ONT M5M 4G1**

TITLE **V** ☐ Delete
NAME **RAPP, PAULINE**
STREET ADDRESS **24 MCMORRAN CRESCENT**
CITY-ST-ZIP **THORNHILL, ONTARIO L4J 2I5**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
G. GOLDLIST 2/18/03 416 636-2664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)