FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90182 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 680688

1. Entity Name

DURAVEST, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1543 Bayview Avenue	1543 Bayview Avenue
Suite, Apt. #, etc. Ste 409	Suite, Apt. #, etc. Ste 409
City & State Toronto, Ontario	City & State Toronto, Ontario
Zip M4G 3B5 / Country Canada	Zip M4G 3B5 / Country Canada

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0924320 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Keith McMonigle

Street Address (P.O. Box Number is Not Acceptable): 8100 SW 81 Dr #210

City: Miami FL Zip Code: 33143-6603

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.

SIGNATURE: K. McMonigle — Keith McMonigle — 04/22/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $500.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	PATTI COOKE
STREET ADDRESS	1543 BAYVIEW AVENUE, STE 409
CITY - ST - ZIP	TORONTO, ONTARIO M4G 3B5 CANADA
TITLE	DIRECTOR
NAME	BRADLEY WILSON
STREET ADDRESS	1543 BAYVIEW AVENUE, STE 409
CITY - ST - ZIP	TORONTO, ONTARIO M4G 3B5 CANADA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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NAME	
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CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Patti Cooke — PATTI COOKE — 04/22/02 — 416-464-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.