

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90940 028 ***150.00

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IN

DOCUMENT # 680688

1. Entity Name
DURAVEST, INC.



Principal Place of Business
**1543 BAYVIEW AVE
STE 409
TORONTO, ONTARIO CA M4-G3B5
US**

Mailing Address
**1543 BAYVIEW AVE
STE 409
TORONTO, ONTARIO CA M4-G3B5
US**



65-0924320

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
37 Prince Arthur Avenue

3. Mailing Address

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.

City & State
Toronto, Ontario, Canada

City & State

4. FEI Number
59-2624575

Applied For
Not Applicable

Zip
M5R 1B2

Country
Canada

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

**MCMONIGLE, KEITH
8100 SW 81 DRIVE
STE 210
MIAMI FL 33143-6603**

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 Keith Monigle
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 **P** ☐ Delete
NAME **PATTI COOKE**
STREET ADDRESS **1543 BAYVIEW AVE STE 409**
CITY-ST-ZIP **TORONTO, ONT, CANADA M4C- 3B5**

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

TITLE **D** ☒ Delete
NAME **WILSON, BRADLEY R**
STREET ADDRESS **1543 BAYVIEW AVE STE 409**
CITY-ST-ZIP **TORONTO, ONT, CANADA M4C- 3B5**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/03

416-464-7484

Date

Daytime Phone #

CR2E034 (10/02)