

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836646

1. Entity Name

TRAYMORE APARTMENTS LIMITED CORPORATION

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90181 004 ***150.00

Principal Place of Business

Mailing Address

VICTORIA PARK AV., APT 210
ONTARIO M1R 1P3

1601 VICTORIA PARK AV., APT 210
SCARBOROUGH, ONTARIO M1R 1P3
CANADA

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

98-0105109

Applied For

Not Applicable

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

HOFFMAN, STUART K.
4014 CHASE AVENUE, SUITE 212
MIAMI BEACH FL 33140

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.

SIGNATURE

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DIAMOND, GERTRUDE
STREET ADDRESS 3800 YONGE ST. # 512
CITY-ST-ZIP NORTH YORK, ONTARIO M4N 2N6

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

TITLE V ☐ Delete
NAME APPLEBY, ANNIE
STREET ADDRESS 23 WOOLSTHORPE CRES.
CITY-ST-ZIP THORNHILL, ONTARIO

TITLE ☒ Change ☐ Addition
NAME APPLEBY, ANNIE
STREET ADDRESS 45 LADYSLIPPER CRT.
CITY-ST-ZIP THORNHILL, ONTARIO L3T 2S6

TITLE S ☐ Delete
NAME BROWN, BRENDA
STREET ADDRESS 21 BREWSLAND CRES.
CITY-ST-ZIP THORNHILL, ONTARIO L3T 7H2

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)