

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90163 036 \*\*\*150.00

**DOCUMENT # 836646**

1. Entity Name  
**TRAYMORE APARTMENTS LIMITED CORPORATION**



Principal Place of Business  
**1601 VICTORIA PARK AV., APT 210  
SCARBOROUGH ON M1R- 1P3  
CA**

Mailing Address  
**1601 VICTORIA PARK AV., APT 210  
SCARBOROUGH ON M1R- 1P3  
CA**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **98-0105109**  
Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DIAMOND, GERTRUDE</b>	
STREET ADDRESS	<b>3800 YONGE ST. # 512</b>	
CITY-ST-ZIP	<b>NORTH YORK ON M4N- 2N6</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>APPLEBY, ANNIE</b>	
STREET ADDRESS	<b>45 LADYSLIPPER CRT</b>	
CITY-ST-ZIP	<b>THORNHILL ON L3T- 2S6</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, BRENDA</b>	
STREET ADDRESS	<b>21 BREWSLAND CRES.</b>	
CITY-ST-ZIP	<b>THORNHILL ON L3T- 7H2</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

JAN. 17, 2003 1 416 752 8807  
Date Daytime Phone #

CR2E034 (10/02)