

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90125 045 \*\*\*150.00

712506



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 855524</b>			
1. Entity Name <b>H. LIBMAN PROPERTIES LIMITED INCORPORATED</b>			
Principal Place of Business <b>150 HEATH ST W #702 APT TORONTO ONT CANADA</b>		Mailing Address <b>150 HEATH ST W #702 TORONTO ONT CA US</b>	
2. Principal Place of Business <b>150 HEATH ST W Suite, Apt. #, etc. TORONTO ONT. CANADA City &amp; State M4V2Y4 Zip</b>		3. Mailing Address <b>150 HEATH ST. W #702 Suite, Apt. #, etc. TORONTO ONT. CANADA City &amp; State M4V2Y4 Zip</b>	
Country <b>CANADA</b>		Country <b>CANADA</b>	

4. FEI Number <b>98-0062788</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BENN, HERBERT P., ESQ. 1016 CLEARWATER PLACE., P.O. BOX 2100 WEST PALM BEACH FL 33402</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>		

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LIBMAN, HELEN 150 HEATH ST.WEST,#702 TORONTO,ONT.,CANADA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LIBMAN, JOYCE FIENBERG 150 HEATH ST W #702 TORONTO, ONT, CANADA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LIBMAN, ROBERT 334 SPRINGATE BLVD THORNHILL, ONT,CANADA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>HELEN LIBMAN</b>	01-21-00	416-485-8751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)