

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001650

1. Entity Name

HERITAGE SALMON, INC.

FILED

Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90103 006 \*\*\*150.00

Principal Place of Business

22 ST. CLAIR AVE. EAST, SUITE 1901  
TORONTO, ONTARIO  
CANADA M4T 2S7

Mailing Address

22 ST. CLAIR AVE. EAST, SUITE 1901  
TORONTO, ONTARIO  
CANADA M4T 2S7

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

01-0462580

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

LAGO, CESAR  
8325 NW 30TH TERRACE  
MIAMI FL 33122

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WALSH, FRAZER J<br>669 MAIN ST., BLACKS HARBOUR<br>NEW BRUNSWICK, CANADA<br><input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>GREEN, STEWART E<br>2001 22 ST. CLAIR AVE. EAST<br>TORONTO, ONTARIO, CANADA<br><input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>HIRTLE, KENNETH D<br>2 KING ST., SAINT JOHN<br>NEW BRUNSWICK, CANADA<br><input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MAVRINAC, RICHARD P<br>1500 22 ST. CLAIR AVE. EAST<br>TORONTO, ONTARIO, CANADA<br><input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SMITH, STEPHEN A<br>1500 22 ST. CLAIR AVE. EAST<br>TORONTO, ONTARIO, CANADA<br><input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BALCOM, ROBERT A<br>1500 22 ST. CLAIR AVE. EAST<br>TORONTO, ONTARIO, CANADA<br><input type="checkbox"/> Delete         |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Terrence McDonnell<br>2 King Street<br>St. John, NB E2L 1G2 CANADA<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marian M. Burrows

March

, 2001

Ext. 5243

Daytime Phone #

CR2E034 (10/00)