

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003780

1. Entity Name
ACTIVE ASSETS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90227 046 ***150.00

Principal Place of Business
9900 STIRLING ROAD, SUITE 218
COOPER CITY FL 33024

Mailing Address
9900 STIRLING ROAD, SUITE 218
COOPER CITY FL 33024

00050255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2555 Collins Ave

3. Mailing Address
2555 Collins Ave

Suite, Apt. #, etc.
Ste # 1106

Suite, Apt. #, etc.
Ste # 1106

City & State
Miami FL

City & State
Miami FL

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number 65-1006636

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARIAS TOVAR, ILEANA
9900 STIRLING ROAD, SUITE 218
COOPER CITY FL 33024

7. Name and Address of New Registered Agent

Name DANIEL MACIAS
Street Address (P.O. Box Number is Not Acceptable)
2555 Collins Ave
Ste # 1106
City ~~FL~~ Miami FL Zip Code 33166

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

04/30/01

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

TITLE PD
NAME RIDGWAY, SIMON T
STREET ADDRESS 401-409 GRANVILLE STREET
CITY-ST-ZIP VANCOUVER, BC V6C -1T2 ☐ Delete

TITLE D
NAME SZOTLENDER, MARIO
STREET ADDRESS 401-409 GRANVILLE STREET
CITY-ST-ZIP VANCOUVER, BC V6C -1T2 ☐ Delete

TITLE S
NAME WHITTALL, SALLY
STREET ADDRESS 401-409 GRANVILLE STREET
CITY-ST-ZIP VANCOUVER, BC V6C -1T2 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/30/01

Daytime Phone #

(954) 385 2284

0108890

CR2E034 (10/00)