FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 15, 2001 8:00 am DOCUMENT # F0000003814 **Secretary of State** 1. Entity Name HOP-A-JET HOLDINGS, INC. 02-15-2001 90304 001 \*\*\*900.00 Principal Place of Business Mailing Address 1050 SOUTH STATE STREET 2085 HURONTARIO STREET, SUITE 216 DOVER DE MISSISSAUGA. ONTARIO L5A -4G1 2040V 2. Principal Place of Business 3. Mailing Address 225 Dania Beach Blvd. #210 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 200 City & State City & State 4. FEI Number Applied For 52-2277147 Not Applicable <u>Dania, Florida</u> CountryUSA Zip Country \$8.75 Additional 33004 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRENKUS, SHARLENE Street Address (P.O. Box Number is Not Acceptable) 225 DANIA BEACH BOULEVARD, SUITE 210 **DANIA FL 33004** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Addition VANASSE, RAYMOND F NAME NAME STREET ADDRESS 2085 HURONTARIO ST., SUITE 200 STREET ADDRESS CITY-ST-ZIP MISSISSAUGA, ONT., CANADA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PROCTOR, ROGER W NAME NAME 2085 HURONTARIO ST., SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MISSISSAUGA, ONT., CANADA CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BRENKUS, SHARLENE NAME NAME 3749 OAKRIDGE LANE, SUITE 309 STREET ADDRESS STREET ADDRESS CITY-ST-7IP WESTON FL: 33331 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Sec/Treas.

Roger W. Proctor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

Jan. 11, 01

Oate

(905) 803-8898

Daytime Phone #