FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 018 ***150.00

B0053883

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004332

1. Entity Name
1333288 ONTARIO LIMITED CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9560 Collins Avenue		38 Berwick Avenue	
Suite, Apt. #, etc. Apt. 101		Suite, Apt. #, etc.	
City & State Surfside, FL		City & State Toronto, Ontario	
Zip 33154	Country USA	Zip M5P 1H1	Country Canada

DO NOT WRITE IN THIS SPACE

4. FEI Number 980218795 — ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joel S. Piotrkowski

Street Address (P.O. Box Number is Not Acceptable): 317 - 71st Street

City: Miami Beach FL Zip Code 33141

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	Brown, Mel	NAME	
STREET ADDRESS	38 Berwick Avenue	STREET ADDRESS	
CITY-ST-ZIP	Toronto, Ontario, CA M5P 1H1	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/13/02 (305) 861-0921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #