

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000006000**1. Entity Name
BOLIVAR GOLDFIELDS LTD. INC.**Principal Place of Business**1 DUNDAS STREET WEST, SUITE 2500
TORONTO, ONTARIO
M5G 1Z3 CANADA**Mailing Address**1 DUNDAS STREET WEST, SUITE 2500
TORONTO, ONTARIO
M5G 1Z3 CANADA**2. Principal Place of Business**

1 DUNDAS STREET WEST

3. Mailing Address

1 DUNDAS STREET WEST

Suite, Apt. #, etc.
SUITE 2500Suite, Apt. #, etc.
SUITE 2500City & State
TORONTO ONCity & State
TORONTO ONZip
M5G 1Z3Country
CAZip
M5G 1Z3Country
CA**4. FEI Number**

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentVALDES-FAULI CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD., STE 3400MIAMI
33131

US

FL

7. Name and Address of New Registered Agent**Name**

VALDES-FAULI CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2 S. BISCAYNE BLVD.

SUITE 3400

City
MIAMI

FL

Zip Code
33131

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)

01/16/2001

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**

| | | |
|----------------|---|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COPPOLA MAURO | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500, TORONTO | |
| CITY-ST-ZIP | ONTARIO CANADA M5G 1Z3 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DE LA CAMPA MIGUEL | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500, TORONTO | |
| CITY-ST-ZIP | ONTARIO CANADA M5G 1Z3 | |
| TITLE | CFO | <input type="checkbox"/> Delete |
| NAME | FORD DON | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500, TORONTO | |
| CITY-ST-ZIP | ONTARIO CANADA M5G 1Z3 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | VOLK PETER | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500, TORONTO | |
| CITY-ST-ZIP | ONTARIO CANADA M5G 1Z3 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | KRUGER MANFRED | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500, TORONTO | |
| CITY-ST-ZIP | ONTARIO CANADA M5G 1Z3 | |
| TITLE | CEOD | <input type="checkbox"/> Delete |
| NAME | IACONO SERAFINO | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500, TORONTO | |
| CITY-ST-ZIP | ONTARIO CANADA M5G 1Z3 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COPPOLA MAURO MR | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500 | |
| CITY-ST-ZIP | TORONTO ON M5G 1Z3 | |
| TITLE | MD/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DE LA CAMPA MIGUEL MR | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500 | |
| CITY-ST-ZIP | TORONTO ON M5G 1Z3 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PYLE CHRISTOPHER MR | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500 | |
| CITY-ST-ZIP | TORONTO ON M5G 1Z3 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOLK PETER MR | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500 | |
| CITY-ST-ZIP | TORONTO ON M5G 1Z3 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRUGER MANFRED MR | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500 | |
| CITY-ST-ZIP | TORONTO ON M5G 1Z3 | |
| TITLE | CEOD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IACONO SERAFINO MR | |
| STREET ADDRESS | 1 DUNDAS STREET WEST, SUITE 2500 | |
| CITY-ST-ZIP | TORONTO ON M5G 1Z3 | |

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: PETER VOLK

S

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

ROBERT F.K. MASON - AS
1 DUNDAS ST. W.
SUITE 2500
TORONTO, ON M5G 1E6

JAY C. KELLERMAN - AS
1 DUNDAS ST. W.
SUITE 2500
TORONTO, ON M5G 1E6

JUAN FRANCISCO CLERICO A. - D
1 DUNDAS ST. W.
SUITE 2500
TORONTO, ON M5G 1E6