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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
03-15-2002 90004 008 ***150.00

DOCUMENT # F01000003246

1. Entity Name
833326 ONTARIO, INC.

Principal Place of Business	Mailing Address
~~915 MIDDLE RIVER DRIVE SUITE 506~~ ~~FORT LAUDERDALE FL 33304~~ 1325 GOLDENMEADOW TR OAKVILLE ONT. L6H 3H1 CANADA	~~915 MIDDLE RIVER DRIVE, SUITE 506~~ ~~FORT LAUDERDALE FL 33304~~ 1325 GOLDENMEADOW TR OAKVILLE ONT. L6H 3H1 CANADA
2. Principal Place of Business: 1325 GOLDENMEADOW TR.	3. Mailing Address: 1325 GOLDENMEADOW TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKVILLE ONTARIO	City & State: OAKVILLE, ONTARIO
Zip: L6H 3H1 Country: CANADA	Zip: L6H 3H1 Country: CANADA

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~APPLIED FOR~~ 58-2629257 ☐ 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
MORAITIS, GEORGE R 915 MIDDLE RIVER DRIVE, SUITE 506 FORT LAUDERDALE FL 33304	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 VICTOR SARIC PRESIDENT
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, 2002 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	CDP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SARIC, VICTOR	NAME	
STREET ADDRESS	1325 GOLDEN MEADOW TRAIL	STREET ADDRESS	
CITY-ST-ZIP	OAKVILLE ONTARIO CANADA	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SARIC, HELEN	NAME	
STREET ADDRESS	1325 GOLDEN MEADOW TRAIL	STREET ADDRESS	
CITY-ST-ZIP	OAKVILLE ONTARIO CANADA	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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	

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____ PRESIDENT MARCH 4/02 905.842-0578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #