

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
04-23-2001 90163 043 \*\*\*150.00

0075854

**DOCUMENT # F15196**

1. Entity Name

**ELKAR HOLDINGS (FLORIDA), INC.**

Principal Place of Business

**5145 CITY ST  
ORLANDO FL 32839**

Mailing Address

**5145 CITY ST  
ORLANDO FL 32839**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2056341**

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

**SLATER, JOEL K  
5145 CITY ST  
ORLANDO FL 32839**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	MORTON, PAUL	
STREET ADDRESS	1090 DON MILLS RD STE 600	
CITY-ST-ZIP	DON MILLS, ONT, CANADA	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDBERG, LAURENCE	
STREET ADDRESS	488 HURON STREET	
CITY-ST-ZIP	TORONTO, CANADA M5R-2R3	

TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDBERG, ELAINE	
STREET ADDRESS	1090 DON MILLS ROAD	
CITY-ST-ZIP	DON MILLS, ONT, CANADA	

TITLE	DPTA	<input type="checkbox"/> Delete
NAME	MORTON, HENRY	
STREET ADDRESS	1090 DON MILLS RD, STE 600	
CITY-ST-ZIP	DON MILLS ON M3C3R	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HENRY A. MORTON**

Date

Daytime Phone #

**416-444-6660**

CR2E034 (10/00)