

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
 03-18-2002 90192 041 ***150.00

DOCUMENT # F15196

1. Entity Name
ELKAR HOLDINGS (FLORIDA), INC.

Principal Place of Business Mailing Address
5145 CITY ST 5145 CITY ST
ORLANDO FL 32839 ORLANDO FL 32839

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 ☐ Delete
 NAME **DC**
 STREET ADDRESS **MORTON, PAUL**
 CITY-ST-ZIP **1090 DON MILLS RD STE 600**
DON MILLS, ONT, CANADA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **GOLDBERG, LAURENCE**
 CITY-ST-ZIP **488 HURON STREET**
TORONTO, CANADA M5R-2R3

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **GOLDBERG, LAURENCE**
 CITY-ST-ZIP **181 BAY STR STE 2500**
TORONTO, ONTARIO CANADA M5T 2T9

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **GOLDBERG, ELAINE**
 CITY-ST-ZIP **1090 DON MILLS ROAD**
DON MILLS, ONT, CANADA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DPTA**
 STREET ADDRESS **MORTON, HENRY**
 CITY-ST-ZIP **1090 DON MILLS RD, STE 600**
DON MILLS ON M3C3R

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY MORTON 3/4/02 416-444-6660
 Date Daytime Phone #

CR2E034 (9/01)