

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F32613

1. Entity Name

PORT ANTIGUA DEVELOPMENT, INC.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90037 045 ***158.75

Principal Place of Business 165 NORTH QUEEN STREET 201 ETOBICOKE, ONTARIO CANADA M9C 1A7 US	Mailing Address 165 NORTH QUEEN STREET 201 ETOBICOKE, ONTARIO CANADA M9C 1A7 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00010000



DO NOT WRITE IN THIS SPACE

4. FEI Number		NOT APPLICABLE		Applied For
				Not Applicable
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUTTON, JOHN R., P.A. 7721 S.W. 62ND AVE. FIRST FLOOR S. MIAMI FL 33143		Name Mr. Gus Crowell Street Address (P.O. Box Number is Not Acceptable) 91760 Overseas Hwy City Islamorada FL Zip Code 33070	

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 Gus Crowell A. Attorney DATE 1/28/2000

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAKSYMEC, ROBERT I 165 N. QUEEN STE 201, ETOBICOKE ONTARIO, CANADA M9C 1A7 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert Maksymec Jan. 18, 2000 416-626-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)