FILED May 05, 2001 8:00 am 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F54269

1. Entity Nam		<u>o,</u> Inc.			Sec	retary	≀ ∩f	State	
Principal Place of Business Mailing Address						v			
.	t on Avenue East,	234 Eglinton Avenue East,			05-0	5-2001 9030	4 001	*******600.00	
Suite 606		Suite 606							
•	Ontario, Canada	Toronto, Ont	a rio, C	anada					
20436-62		_ 20436-6255							
2. Principal Place of Business		3. Mailing Address			- TIOA				
234 Eglinton Avenue East		234 Eglinton Avenue East							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Suite 418		Suite 418							
City & State		City & State			4. FEI Number		App	olied For	
Toronto, C	Jntano	Toronto, Ontario			98-0056569		Not Applicable		
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired	esired -	\$8	75 Additional	
M4P 1K5	Canada	M4P 1K5	Cana	nda	Fee l				
6. Name and Address of Current Registered Agent				7. Name and address of New Registered Agent					
				Name					
Shamira Klein				ļ					
		Street Addre		Street Address	ess (P.O. Box Number is Not Acceptable)				
c/o Berma	n Wolfe Rennert Voge	el & Mandler. P	P.A.						
	, , , , , ,				<u> </u>				
100 S F 2	2 nd Street, Suite 3500								
,00 0 2	olicet, dalle 3000			City	FI Zip				
Miami Ela	wide 22121			J,	FL Zip				
	orida 33131 named entity submits this state	amont for the aurnor	of char	nging its register	ad affice or registered ages	nt or both in t	ha State	of Florida	
o. The above	named entity submits this state	ement loi trie purpos	se oi chai	nging its register	ed office of registered age.	it, or both, in ti	ne State	o Fiorida.	
SIGNATURE									
	Signature, typed or printed name	e of registered agent and t	itle if applica	ble. (NOTE: R	tegistered Agent signature required	when reinstating)		DATE	
	ion is eligible to satisfy its intangible			FEE IS \$150.00		paign Financing	\$5	5.00 May Be	
(See criteria o	uirement and elects to do so.			Fee will be \$55 to Department		ontribution.	L_J Ad	ded to Fees	
11.	OFFICERS AND DIR		<u></u>		DITIONS/ CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 11	
TITLE	DPS □ Delete			TITLE		X c	hange [☐ Addition	
TITLE NAME	Haim Klein			NAME		/ `	•		
STREET ADDRESS	1			STREET ADDRESS	Suite 418				
CITY-ST-ZIP	234 Eglinton Ave. East, Suite 606 Toronto, Ontario, Canada M4P 1K5			CITY-ST-ZIP					
TITLE	V		Delete	TITLE NAME STREET		X C	hange [☐ Addition	
NAME STREET	Shamira Klein								
ADDRESS	100 SE-2 nd Street, Suite 3500			ADDRESS	5835 N. Bay Road				
CITY-ST-ZIP	Miami, Florida 33131		CITY-ST-ZIP	Miami Beach, Florida 33140					
			Delete	Change				☐ Addition	
TITLE NAME		_	- Delete	TITLE NAME			nange (_ Addition	
STREET				STREET					
ADDRESS CITY-ST-ZIP				ADDRESS CITY-ST-ZIP					
				ļ					
TITLE			Delete	TITLE		□c	hange [☐ Addition	
NAME STREET				NAME STREET					
ADDRESS				ADDRESS				J	
CITY-ST-ZIP				CITY-ST-ZIP					
			70-1-1-	{	W-F.			7.4.195	
TITLE		L	Delete	TITLE NAME		□C	nange L	Addition	
NAME STREET					r				
ADDRESS CITY-ST-ZIP				ADDRESS					
VII 1-01-ZIF				CITY-ST-ZIP					
13. I hereby cer	tify that the information supplied v	with this filing does not	t qualify fo	r the exemption st	ated in Section 119.07(3)(i) F	lorida Statutes	l further	certify that the	
nformation indica	ated on this report or supplementa	al report is true and acc	curate and	that my signature	shall have the same legal effe	ect as if made ur	nder oatl	n∵that lam an 🧍	
πicer or director Block 11 or Block	r of the corporation or the receiver c 12 if changed, or on an attachmen	or trustee empowered twith an address, with	to execute all other like	e this report as red ke empowered	quired by Chapter 607, Florida	Statutes; and the	at my na	me appears in	
			with Country III	ULIPORTOTOM,					

SI	G	N	Δ.	Τl	П	R	F

305-577-4176

Date

Daytime Phone #