

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90033 045 \*\*\*550.00

**DOCUMENT #** F93000005906 (3)**1. Entity Name**

ACCR (93-1) CORPORATION

**Principal Place of Business**469 King Street West  
Fourth Floor  
Toronto, Ontario  
M5V 1K4**Mailing Address**469 King Street West  
Fourth Floor  
Toronto, Ontario  
M5V 1K4**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**

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

A0074255

**6. Name and Address of Current Registered Agent**WIENER, DAVID J.  
1400 CentrePark Blvd.  
Suite 1000  
West Palm Beach FL 33401**7. Name and Address of New Registered Agent**

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. Capital Contributions**  
as Shown on record.**10. Amount of Capital Contributions**  
in FLORIDA to date.**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION****A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.****12. GENERAL PARTNER INFORMATION****13. ADDRESS CHANGES ONLY**

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	EMORY, MICHAEL R.	122 Strathallan Blvd.	Toronto, ON
V	ALDERSLEY, R.W.	469 King Street West	Toronto

**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #