

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002144

1. Entity Name

VILLABAR PROPERTIES INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90088 033 ***150.00

Principal Place of Business

SUITE 1100
30 ST. CLAIR AVENUE WEST
TORONTO ONTARIO M4V 3A1
CA

Mailing Address

SUITE 1100
30 ST. CLAIR AVENUE WEST
TORONTO ONTARIO M4V 3A1
CA

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 98-0124041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDOFF, RONALD
2550 ALAFAYA TRAIL
ORLANDO FL 32826

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 (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

TITLE PTD ☒ Delete
NAME MEDOFF, RONALD A
STREET ADDRESS 30 ST. CLAIR AVENUE WEST, SUITE 1100
CITY-ST-ZIP TORONTO ONTARIO M4V 3A1

TITLE S ☐ Delete
NAME LEWIS, DEBRA
STREET ADDRESS 30 ST. CLAIR AVENUE WEST, SUITE 1100
CITY-ST-ZIP TORONTO ONTARIO M4V 3A1

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Change ☒ Addition
NAME HOFFER, MAVER
STREET ADDRESS 30 ST. CLAIR AVE. W., SUITE 1100
CITY-ST-ZIP TORONTO, ONTARIO M4V 3A1

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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, but I am not empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2001 416-972-0458
Date Daytime Phone #

CR2E034 (10/00)