2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an accordance

ith all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F94000006174 1. Entity Name 2970333 CANADA INC. 04-30-2001 90347 030 ***150.00 Principal Place of Business Mailing Address % VISTAVIEW APARTMENTS, LTD. % VISTAVIEW APARTMENTS, LTD. 17094 COLLINS AVE. SUITE 104 17094 COLLINS AVE. SUITE 104 110043090 MIAMI BEACH FL 33160 MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0565569 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGOVIN, LAWRENCE H ESQ Street Address (P.O. Box Number is Not Acceptable) 17071 W. DIXIE HWY SUITE B NORTH MIAMI BEACH FL 33160 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) **PSD** ☐ Delete Addition TITLE TITLE Change LESNIAK, IRWIN NAME NAME 5435 DE TERREBONNE, SUITE 101, MONTRAL STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP QUEBEC, CANADA H4A 3R7 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAMC NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP Delete TiTLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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