

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90165 022 ***150.00

DOCUMENT # F94000006630

1. Entity Name

572180 ONTARIO INC.

Principal Place of Business

Mailing Address

C/O GERSON PRESTON & CO.
666 71 ST.
MIAMI BEACH FL 33141C/O GERSON PRESTON & CO.
666 71 ST.
MIAMI BEACH FL 33141-3020

914329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0078157

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIOTRKOWSKI, JOEL ESQ
627 71ST ST.
MIAMI BEACH FL 33141

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. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00

Added

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BROWN, SAM
170 THE BRIDLE PATH
DON MILLS ONTARIO M3B2A2 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BROWN, MELVIN
12 OXBOW RD.
DON MILLS ONTARIO M3B2A2 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

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 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 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

12-3-2000