3/31

FILED
May 01, 2002 8:00 am
Secretary of State
03-31-2002 90346 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006630

1. Entity Name
572180 ONTARIO INC.

DO NOT WRITE IN THIS SPACE

[redacted]

26200

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
317 - 71st Street		317 - 71st Street	
Suite, Apt. #, etc. Miami Beach, FL		Suite, Apt. #, etc. Miami Beach, FL	
City & State 33141		City & State 33141	
Zip	Country USA	Zip	Country USA

4. FEI Number 980078157 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: ~~Joel S. Piotrkowski~~
Street Address (P.O. Box Number Is Not Acceptable): 317 - 71st Street
City: Miami Beach FL Zip Code 33141

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 ________ 4-19-02
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) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	Brown, Sam	NAME	
STREET ADDRESS	170 The Bridle Path	STREET ADDRESS	
CITY-ST-ZIP	Don Mills, Ontario M3B 2A2	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	Brown, Melvin	NAME	
STREET ADDRESS	12 Oxbow Rd.	STREET ADDRESS	
CITY-ST-ZIP	Don Mills, Ontario M3B 2A2	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ________ 3/13/02 (305) 861-0921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #