

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000002019**

1. Entity Name

**907687 ONTARIO, INC.****FILED****Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90079 046 \*\*\*150.00

Principal Place of Business

Mailing Address

**98 DUPONT STREET  
TORONTO, ONTARIO M5R 1V2.CDA  
OC****98 DUPONT STREET  
TORONTO, ONTARIO M5R 1V2.CDA  
OC**

2. Principal Place of Business

**1240 Bay Street**

3. Mailing Address

**1240 Bay Street**

Suite, Apt. #, etc.

**307**

Suite, Apt. #, etc.

**307**

City &amp; State

**Toronto, Ontario**

City &amp; State

**Toronto, Ontario**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**M5R 2A7-**

Country

**Canada**

Zip

**M5R 2A7**

Country

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

6. Name and Address of Current Registered Agent

**STEFANELLI, MICHELLE  
14411 COMMERCE WAY  
STE. 310  
MIAMI LAKES FL 33016**

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 **RUDOLPH NAREEN**

Signature, typed or printed name of registered agent and title if applicable

**April 06, 2000**

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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>NAREEN, RUDOLPH</b>	
STREET ADDRESS	<b>1055 BAY STREET STE 2202</b>	
CITY-ST-ZIP	<b>TORONTO, ONTARIO M5R 2A9</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

**Rudolph Nareen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 06, 2000 (416) 924-4888**

Date

Daytime Phone #