FROM : FAX PHONE NO. : 954 781 7930

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90016 007 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003950

1. Entity Name

173576 CANADA, INC.

Principal Place of Business	Mailing Address
315 DESOTO STREET HOLLYWOOD, FL 33019	315 DESOTO STREET HOLLYWOOD, FL 33019

C0083975

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1374 WHITACRE DRIVE		1374 WHITACRE DRIVE	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State: CLEARWATER, FL		City & State: CLEARWATER, FL	
Zip: 33764	Country: USA	Zip: 33764	Country: USA

4. FEI Number 65-0268821 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTINE OHLIN, CPA
440 E. SAMPLE ROAD, #202
POMPANO BEACH, FL 33064

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 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 State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PETER STAVROPOULOS	NAME	
STREET ADDRESS	315 DESOTO STREET	STREET ADDRESS	1374 WHITACRE DRIVE
CITY - ST - ZIP	HOLLYWOOD, FL 33019	CITY - ST - ZIP	CLEARWATER, FL 33764
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034 (9/99)

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: P. Stavropoulos pres. 4-26-00 727-530-5323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1