

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

02-04-2003 90094 017 ***150.00

DOCUMENT # F95000005850

1. Entity Name
PARK SOUTH APARTMENTS LIMITED, INC.



Principal Place of Business
**30 ST CLAIR AVENUE WEST, STE 1100
TORONTO
ONTARIO CA M4-V3A1**

Mailing Address
**30 ST CLAIR AVENUE WEST, STE 1100
TORONTO
ONTARIO CA M4-V3A1**

55038845



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
98-0127476

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEDOFF, RONALD
2550 ALAFAYA TRAIL
ORLANDO FL 32826**

Name **Whitaker, Cole,**
Street Address (P.O. Box Number is Not Acceptable)
111 North Orange Avenue
Suite 800
City **Orlando** **FL** Zip Code **32801**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent Signature required when reinstating)

4/30/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	MEDOFF, RONALD	
STREET ADDRESS	30 ST CLAIR AVE., WEST STE 1100	
CITY-ST-ZIP	TORONTO CANADA	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOFFER, MAYER	
STREET ADDRESS	30 ST CLAIR AVE., WEST STE 1100	
CITY-ST-ZIP	TORONTO CANADA	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. 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 10 or Block 11 if 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

Feb 28/03
Date

416-972-0458
Daytime Phone #

CR2E034 (10/02)