

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001818

1. Entity Name

NORSTAR INVESTMENT USA, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90091 040 ***550.00

Principal Place of Business

621 COWBOYS PKWY., SUITE 200
IRVING TX 75063

Mailing Address

621 COWBOYS PKWY., SUITE 200
IRVING TX 75063

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

16-1494436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, THOMAS N III
HILL WARD & HENDERSON PA
101 E. KENNEDY BLVD.
TAMPA FL 33602

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
SILVER, GARY B
2180 STEELES AVENUE WEST, SUITE 305
CONCORD, ONTARIO L4K 2Z5 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDC
BROWN, NEIL
2180 STEELES AVENUE WEST, SUITE 305
CONCORD, ONTARIO L4K 2Z5 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HIGGINS, RICHARD L
R.D. 1, BOX 196
BUSKIRK NY- 12028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 907, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 28/00 905736 0754 ext 225

CR2E034 (5/00)