

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003346

1. Entity Name

HILLCREST FLORIDA LTD., INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90015 020 ***150.00

Principal Place of Business

Mailing Address

120 NEWKIRK RD UNIT 36
RICHMOND HILL
ONTARIO CANADA L4C 9S7

120 NEWKIRK RD UNIT 36
RICHMOND HILL
ONTARIO CANADA L4C 9S7

2. Principal Place of Business

3. Mailing Address

9688 Leslie St

9688 Leslie Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit # 10

Unit # 10

City & State

City & State

Richmond Hill Ontario

Richmond Hill, Ontario

Zip

Country

L4C 4B4

CANADA

Zip

Country

L4B 4C4

CANADA

4. FEI Number

98-0170211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STREET, GEORGE	
STREET ADDRESS	120 NEWKIRK RD UNIT 36	
CITY-ST-ZIP	ONTARIO CANADA L4C 9S7	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change address ONLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9688 Leslie Street, Unit # 10	
STREET ADDRESS	Richmond Hill, Ont Canada L4B 4C4	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 21/00 905 884 1832

CR2E034 (9/99)