

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90064 049 \*\*\*150.00

DOCUMENT # F99000002278

1. Entity Name

KALON & CO. (U.S.A.) LTD. CORP.

Principal Place of Business

Mailing Address

92 CHURCH STREET SOUTH, SUITE 108  
AJAX, ONTARIO, CANADA  
LIS 6134

92 CHURCH STREET SOUTH, SUITE 108  
AJAX, ONTARIO, CANADA  
LIS 6134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1701861

Applied

Not App

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

LIS 6B4

LIS 6B4

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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** Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE PD  
NAME MCMENEMY, KAREN  
STREET ADDRESS 5555 N. OCEAN BLVD. UNIT 43  
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE V  
NAME ELLIS, LONNIE  
STREET ADDRESS 1800 PINEGROVE AVENUE/ PICKERING ONTARIO  
CITY-ST-ZIP CANADA LIV 1K6 ☐ Delete

TITLE S  
NAME THOMASON, KIT  
STREET ADDRESS 787 MILLBANK ROAD / PICKERING ONTARIO  
CITY-ST-ZIP CANADA LIV 1K6 ☐ Delete

TITLE T  
NAME BLAZINA, DARLENE  
STREET ADDRESS 1240 MAPLE RIDGE DRIVE / PICKERING ONTARIO  
CITY-ST-ZIP CANADA LIX 1AS ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

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 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 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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE OF DARLENE BLAZINA JAN 18/00 905 422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #