2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # H9158 OLDINGS, INC.	5			Apr 28, 2002 Secretary 0 04-28-2002 90696 00			
Principal Place of Business BROAD & CASSEL 7777 GLADES RD #300 BOCA RATON FL 33434 US		Mailing Address BROAD & CASSEL 7777 GLADES RD #300 BOCA RATON FL 33434 US						
2. Principal Place of Business		3. Mailing Address			T SOUTON DUM TRIAN INDIA MINON INDIA MINI ANDIA OF	TII DIBII BIBII BI	IBN 31811 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	59-2638487	<u> </u>	plied For t Applicable	
Zip Country		Zip Country		5. (5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent		7. N	lame and Address of New Registered A	gent		
			Name					
DEUTCH, JEFFREY BROAD & CASSEL			Street Address (P.O. Box Number is Not Acceptable)					
7777 GLA	DES RD #300							
BOCA RA	TON FL 33434	City			FL	Zip Code	•	
8. The above	named entity submits this statement for t	the purpose of changing its regi	stered office or regist	tered ag	ent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Reg	sistered Agent signature requi	ired when re	pinstating) DATE			
9. This corporation is eligible to satisfy its intangible Fax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD GATTINGER, FRANKLIN J. 8600 DECARIE BLVD, SUITE 200 TOWN OF MOUNT ROYAL QC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS POMERANTZ, SAUL 8600 DECARIE BLVD, STE 200 TOWN OF MOUNT ROYAL QC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ESPOSITO, RAPHAEL JR 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address with a supplied with the original address with a supplied with the original and the original address with a supplied with the original address with the origina	nis filing does not qualify for the rue and accurate and that my si vered to execute this report as r the other like empowered.	exemption stated in ignature shall have the equired by Chapter 6	Section le same l 607, Flori	119.07(3)(i), Florida Statutes. I further cert legal effect as if made under oath; that I a da Statutes; and that my name appears in	fy that the in m an officer Block 11 or	formation or director Block 12 if	

SIGNATURE: