

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99505

1. Entity Name

DCA FLORIDA, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90155 003 ***150.00

Principal Place of Business	Mailing Address
C/O STEPHEN WEINTRAUB, COUNSEL CORPORATION EXCHANGE TOWER, S-1300, 2 1ST CANADIAN PL TORONTO, ONTARIO, CANADA M5X1E-3 OC	C/O STEPHEN WEINTRAUB, COUNSEL CORPORATION EXCHANGE TOWER, S-1300, 2 1ST CANADIAN PL TORONTO, ONTARIO, CANADA M5X1E OC

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1426574

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

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SILBER, ALLAN C	EXCHANGE TOWER, SUITE 1300 2 1ST CANADIAN	TORONTO, ONTARIO CANADA M5X -1E3	

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	PERLIS, MORRIS A	EXCHANGE TOWER, SUITE 1300 2 1ST CANADIAN	TORONTO, ONTARIO CANADA M5X -1E3	

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPS	WEINTRAUB, STEPHEN	EXCHANGE TOWER, SUITE 1300 2 1ST CANADIAN	TORONTO, ONTARIO CANADA M5X -1E3	

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

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: RESIGNATURE (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18/00 (416) 866-3058
Date Daytime Phone #

CR2E034 (9/99)