

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K50691

1. Entity Name

T.H.B. KEY, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90045 011 ***150.00

Principal Place of Business

Mailing Address

4100 YONGE ST.
#402
TORONTO, ONTARIO M2P-2-5
CA

4100 YONGE ST.
#402
TORONTO, ONTARIO M2P-2
CA

2. Principal Place of Business

3. Mailing Address

331 RIVERVIEW DRIVE

SAME AS BUSINESS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TORONTO, ONTARIO

Zip

Country

Zip

Country

M4N-3C9 CANADA

4. FEI Number

98-0102202

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
1200B 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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS BECK, H. THOMAS
CITY-ST-ZIP 4100 YONGE ST STE 402
TORONTO, ONTARIO M2P-2-5

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 331 RIVERVIEW DR.
CITY-ST-ZIP TOR. ONT. CDA M4N-3C9

TITLE ☐ Delete
NAME S
STREET ADDRESS BECK, CATHERINE
CITY-ST-ZIP 4100 YONGE ST STE 402
TORONTO, ONTARIO M2P-2-5

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 331 RIVERVIEW DR.
CITY-ST-ZIP TOR. ONT. CDA M4N-3C9

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CATHERINE BECK APR 10/00 (416) 322-7335

CR2E034 (9/99)