

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54960

1. Entity Name

GLENFAIR OCEAN PROPERTIES LIMITED, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90117 005 ***158.75

Principal Place of Business

Mailing Address

25 WHITE AVE
WEST HILL, ONTARIO, M1C-1P1
CA

25 WHITE AVE
WEST HILL, ONTARIO, M1C-1P1
CA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2160755

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRYOR, MARION J CPA
~~142 EAST GRANADA BLVD.~~
~~SUITE 200~~
ORMOND BEACH FL 32176

140 SOUTH-ATLANTIC AVENUE

Name
MARION PRYOR, CPA

Street Address (P.O. Box Number is Not Acceptable)

140 SOUTH ATLANTIC AVENUE

City ORMOND BEACH

FL Zip Code 32176

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

U. CATAUDELLA JAN 28/2000

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	CATAUDELLA, UMBERTO	25 WHITE AVE.	WEST HILL ON CANADA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	CATAUDELLA, MARIA	25 WHITE AVE.	WEST HILL ON CANADA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CATAUDELLA, BEN	25 CHALLENGER CT.	WEST HILL ONT, CAN	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

JAN 28 / 2000

Date

Daytime Phone #

416-286-7768