

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K97143

1. Entity Name

MURREET FLORIDA, INC.

Principal Place of Business

69 SYLVAN AVE  
SCARBOROUGH, ONT. CANADA M1M- 1J9

Mailing Address

69 SYLVAN AVE  
SCARBOROUGH, ONT. CANADA M1M- 1J9

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 98-0103477

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, HAINES D. III  
4530 N FEDERAL HWY  
FT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name JACK BAXTER JR  
Street Address (P.O. Box Number is Not Acceptable) Same  
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, 2001 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

TITLE D  
NAME HAINES, LEWIS D., II  
STREET ADDRESS 4530 N. FEDERAL HWY  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE PD  
NAME SLOTE, MURRAY L  
STREET ADDRESS 69 SYLVAN AVE  
CITY-ST-ZIP SCARBOROUGH, ONT. CA M1M- 159 ☐ Delete

TITLE TD  
NAME SLOTE, RITA  
STREET ADDRESS 69 SYLVAN AVE  
CITY-ST-ZIP SCARBOROUGH ONT CA M1M- 159 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 #

FILED  
Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90138 039 \*\*\*150.00

907011



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

33434