

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15178

1. Entity Name

HOGAN & GREENFIELD, INC.

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90081 028 ***158.75

Principal Place of Business

151 CARLINGVIEW DR UNIT #5
REXDALE, ONTARIO 94151
CANADA

Mailing Address

151 CARLINGVIEW DR UNIT #5
REXDALE, ONTARIO 94151
CANADA

2. Principal Place of Business

1 International Blvd

Suite, Apt. #, etc.

Suite 100

City & State

TORONTO, ONTARIO

Zip

M9W 6H3

Country

CANADA

3. Mailing Address

1 International Blvd

Suite, Apt. #, etc.

Suite 100

City & State

TORONTO, ONTARIO

Zip

M9W 6H3

Country

CANADA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0154221

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOGAN, MICHAEL
3641 RUNWAY ST NE
N. FT. MYERS FL 33917

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
HOGAN, MICHAEL
34 PEPPERWOOD RD
BRAMPTON ONTARIO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
HOGAN, MARY
34 PEPPERWOOD RD
BRAMPTON ONTARIO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL HOGAN

Date

2/16/00 (416) 674 5939

Daytime Phone #