

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90021 029 ***150.00

DOCUMENT # L31758

1. Entity Name

PHILDIN, INC.

Principal Place of Business

Mailing Address

TESCHER CHAVES RUBIN FORM & MULLER PA
BOCA CORPORATE CTR/2101 CORPORATE BLVD 216
BOCA RATON FL 33431-7343
US

PHILDIN INC
4150 ST CATHERINE ST W STE 400
WESTMOUNT QU H32 2
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite change only: STE 300

City & State

City & State

4. FEI Number

98-0107671

Applied For

Not Applicable

Zip

Country

Zip

Country

Canada

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

M & W AGENTS, INC
ONE DATRAN CENTER, PHI
9100 S DADELAND BLVD
MIAMI FL 33156

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 **PD** ☐ Delete
NAME **DOBRIN, MELVIN A.**
STREET ADDRESS **4150 ST CATHERINE ST. W.**
CITY-ST-ZIP **MONT. QUEBEC,CANADA**

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

TITLE **DST** ☐ Delete
NAME **DOBRIN, MITZI**
STREET ADDRESS **4150 ST CATHERINE ST. W**
CITY-ST-ZIP **MONT. QUEBEC, CANADA**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Melvin Dobrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2000 (514) 935-9508

Date

Daytime Phone #

628372



DO NOT WRITE IN THIS SPACE