

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43508

1. Entity Name
JONDIN, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90040 028 ***150.00

Principal Place of Business

Mailing Address

9100 S DADELAND BLVD
ONE DATRON CTR. PHI
MIAMI FL 33156

DBRN HOLDINGS, LTD - JONDIN, INC.
4150 ST. CATHERINE STREET W. #300
WESTMOUNT, QUEB CANA H3Z2Y5

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 98-0107669

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

M & W AGENTS, INC
9100 S DADELAND BLVD
ONE DATRON CENTER, PHI
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DOBRIN, MELVYN, A
STREET ADDRESS 4150 ST. CATHERINE STREET W. #300
CITY-ST-ZIP MONTREAL, QUEBEC, CANAD

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Zip: H3Z 2Y5

TITLE STD ☐ Delete
NAME DOBRIN, MITZI
STREET ADDRESS 4150 ST. CATHERINE STREET W. #300
CITY-ST-ZIP MONTREAL, QUE, CANADA

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Zip: H3Z 2Y5

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

March 15 2001 (514) 935-9508

Date

Daytime Phone #

MITZI DOBRIN

CP2E034 (10/00)