

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032984 IN

**DOCUMENT # L94000000484**

**1. Entity Name**  
**THE MIBRO GROUP, L.C.**

**FILED**

*4/2/01*

**01 JAN 30 PM 3:26**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
**4039 GENESSEE STREET  
BUFFALO NY 14225**

**Mailing Address**  
**111 SINNOTT ROAD  
TORONTO, ONTARIO  
M1L 4S6 CANADA**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**48-1133840**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**MGR**  
**SAMBENCO CORPORATION**  
**429 RUSSELL HILL RD**  
**TORONTO ONTARIO CANADA**

☐ Delete

☐ Change ☐ Addition

**700003657067--2**  
**-02/08/01--01016--025**  
**\*\*\*\*\*50.00** ☐ **Share** ☐ **500.00**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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☐ Change ☐ Addition

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**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

*SIGNATURE*

*Jan 17/2001*

*416-285-9000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)