## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

## DOCUMENT # L9400000484

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



## FILED Jul 23, 2003 8:00 am Secretary of State

07-23-2003 90038 025 \*\*\*\*50.00

Daytime Phone #

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Principal Place of Business 4039 GENESSEE STREET BUFFALO NY 14225			Mailing Address 111 SINNOTT ROAD TORONTO. ONTARIO M1L 4S6 CANADA							
2. Principal P	lace of Busin	ness	3. Mailing Address			-] 11 <b>11</b>	DIÇULI BİM IBILL BİMLI MUSIL U		BEILS BUSIN BOUN	16/11 B)O1 1891
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Nun	nber <b>48-113384</b> (	)	<u> </u>	plied For ot Applicable
Zip		Country	Zip Country		try	5. Certifica	ite of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current F				7. Name and Address of New Registered Agent				
CT CORP	<u> </u>			Name						
1200 S P	INE ISLANI	ORD	Street Address (			P.O. Box Nur	ber is Not Acceptabl	e)		
PLANTAT	ION FL 333	324		!			<del> </del>			
				City			FL	Zip Cod		
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
\$1.00 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003										
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS	429 RUS	CO CORPORATION SELL HILL RD	☐ Delete	TITLE NAMI STRE	- 1				☐ Change	☐ Addition
CITY-ST-ZIP	TORUNIC	O ONTARIO CANADA		CITY	-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete		į.				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY-	E Et adoress -ST-ZIP				Change	Addition
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.  416-										