

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90228 023 ***550.00

DOCUMENT # *L96237*

1. Entity Name

D C INVESTMENTS (ORLANDO), INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11 CHURCH STREET

Suite, Apt. #, etc.

200

City & State

TORONTO, ON

Zip

M5E 1W1

Country

CANADA

3. Mailing Address

11 CHURCH STREET

Suite, Apt. #, etc.

200

City & State

TORONTO, ON

Zip

M5E 1W1

Country

CANADA

4. FEI Number

98-0113220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
*PS D
STEIN, MICHAEL
11 CHURCH STREET, STE 200
TORONTO, ON M5E 1W1*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VP
JACOBSON, RUSSELL
11 CHURCH STREET, STE. 200
TORONTO, ON M5E 1W1*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VP
POWERS, THOMAS E.
11 CHURCH STREET, STE. 200
TORONTO, ON M5E 1W1*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VP
BHARUCHA, YAZDI
11 CHURCH STREET, STE 200
TORONTO, ON M5E 1W1*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL JACOBSON

JUL. 3, 2002

Date

Daytime Phone #

416-861-5753

CR2E034B (12/01)