

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90184 037 \*\*\*150.00

**DOCUMENT # P00000105955**

1. Entity Name

**NORTH AMERICAN DEVELOPMENT GROUP, INC.**

Principal Place of Business

Mailing Address

**2401 PGA BLVD STE 280  
 PALM BEACH GARDENS FL 33410**

**2401 PGA BLVD STE 280  
 PALM BEACH GARDENS FL 33410**

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

**65-1059600**

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

**WIENER, DAVID J ESQ  
 2401 PGA BLVD STE 280  
 PALM BEACH GARDENS FL 33410**

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

*3/23/01*

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	D <input type="checkbox"/> Delete
NAME	<b>PRESTON, JOHN W</b>
STREET ADDRESS	<b>2401 PGA BLVD STE 280</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>BERNICK, LARRY</b>
STREET ADDRESS	<b>2401 PGA BLVD STE 280</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>GREEN, ROBERT S</b>
STREET ADDRESS	<b>2851 JOHN STREET STE ONE</b>
CITY-ST-ZIP	<b>MARKHAM, ONTARIO L3R 5R7</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Preston, John W.S.</b>
STREET ADDRESS	<b>2401 PGA Boulevard, Suite 280</b>
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE	DVAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bernick, Larry</b>
STREET ADDRESS	<b>2401 PGA Boulevard, Suite 280</b>
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE	DVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Green, Robert S.</b>
STREET ADDRESS	<b>2851 John Street, Suite One</b>
CITY-ST-ZIP	<b>Markham, Ontario L3R 5R7 Canada</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**North American Development Group, Inc.**

**SIGNATURE:**

By:

*[Signature]*  
**Larry Bernick, Vice President**

3-23-01

561-624-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)