FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-08-2002 90047 010 ***150.00
05-24-2002 91335 043 ***150.00

668657

DOCUMENT # P01000014190

1. Entity Name
PLAZA DE FLORES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4202 CENTRAL SARASOTA PKWY	2275 LAKESHORE BLVD W.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #500
City & State: SARASOTA , FL	City & State: TORONTO, ON
Zip: 34238 Country: US	Zip: M8V 3Y3 Country: CA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651080192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: DICKINSON, JOANNE J.
Street Address (P.O. Box Number is Not Acceptable): 4216 CENTRAL SARASOTA PKWY #1326
City: SARASOTA **FL** Zip Code: 34238

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: Joanne J. Dickinson JOANNE J DICKINSON APRIL 30, 2002
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	CD/P/S
NAME	DICKINSON, JOANNE J.
STREET ADDRESS	17 SOUTHAVEN PLACE OAKVILLE ON
CITY-ST-ZIP	L6L 6L2 CA
TITLE	VP
NAME	BRESOLIN, JOHN J.
STREET ADDRESS	2275 LAKESHORE BLVD W #500
CITY-ST-ZIP	TORONTO, ON M8V 3Y3 CA

DO NOT WRITE 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: Joanne J. Dickinson JOANNE J. DICKINSON SECRETARY APRIL 30, 2002 416-251-7303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)