

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90207 048 ***150.00

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1. Entity Name
YAK COMMUNICATIONS (AMERICA), INC.



Principal Place of Business
**55 TOWN CENTRE, #610
SCARBOROUGH, ONT.CAN M1P 4X4**

Mailing Address
**2601 S. BAYSHORE DRIVE
1600
MIAMI FL 33133
US**

2. Principal Place of Business
55 Town Centre Ct.

3. Mailing Address

Suite, Apt. #, etc.
#610

Suite, Apt. #, etc.

City & State
Toronto, Ontario

City & State

4. FEI Number **98-0349282**

Applied For
Not Applicable

Zip
M1P 4X4

Country
Canada

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OLLE, DENNIS J
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133**

7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ZWEBNER, CHARLES**
STREET ADDRESS **55 TOWN CENTRE, #610**
CITY-ST-ZIP **SCARBOROUGH, ONT.CAN M1P 4X4**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P, CEO** ☒ Change ☐ Addition
NAME **Zwebner, Charles**
STREET ADDRESS **55 Town Centre Ct., #610**
CITY-ST-ZIP **Toronto, Ontario M1P 4X4 Canada**

TITLE **D** ☐ Change ☒ Addition
NAME **Heller, Anthony**
STREET ADDRESS **77 Caribou Road**
CITY-ST-ZIP **Toronto, Ontario M59 2A7 Canada**

TITLE **D** ☐ Change ☒ Addition
NAME **Garbacz, Adrian**
STREET ADDRESS **40-29 Twenty Seven Street**
CITY-ST-ZIP **Long Island City, NY 11101**

TITLE **VP** ☐ Change ☒ Addition
NAME **Shore, Mitchell**
STREET ADDRESS **45 Palm Drive**
CITY-ST-ZIP **Toronto, Ontario M3H 2B5 Canada**

TITLE **D, S** ☐ Change ☒ Addition
NAME **Greenwood, Anthony**
STREET ADDRESS **112 Glen Park Avenue**
CITY-ST-ZIP **Toronto, Ontario M6B 2C5 Canada**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **Charles Zwebner, President 1/1/03 (416) 414-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)