## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P08844 1. Entity Name FIRST LADY INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 14 MENDOTA ROAD 14 MENDOTA ROAD TORONTO ON M8-Y1E8 TORONTO ON M8-Y1E8

## FILED Jun 13, 2002 8:00 am Secretary of State 06-13-2002 90382 028 \*\*\*150.00



2. Principal P	lace of Busin	ness										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	e		City & State			4	4. FEI Number 51-0278165				oplied For of Applicable	
Zip		Country	Zip	Cip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	and Address of Current F		7. Name and Address of New Registered Agent									
						Name						
CHAUNCEY, HARRISON K JR. 777 SOUTH FLAGLER DRIVE					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 20 West Pa	OWER FL 33401		City				FL	Zip Cod	e 11 2.11 127			
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											<del></del>	
Tax filing r		ible to satisfy its Intangible and elects to do so.	After May 1, 200	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 ke Check Payable to Department of Stat				Campaign Finance d Contribution.	cing	\$5.0 Added	<b>0</b> May Be I to Fees	
11. OFFICERS AND DIRECTORS							ADDITIONS/CHAN	GES TO OFFICE	RS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		LESLIE E 0 SOUTH OCEAN BLVD ACH FL 33480	☐ Delete		Į.					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		101112 30400	☐ Delete	TITLE NAME STREE		·				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~		☐ Delete		T ADDRESS ST-ZIP					] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	.,	☐ Delete		T ADDRESS ST-ZIP					] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 1.2.	□ Delete		T ADDRESS ST-ZIP			-		] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ortifu that the	information supplied with the	☐ Delete		T ADDRESS ST-ZIP					] Change	☐ Addition	

Increby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR