2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90285 042 ***150.00

DOCUMENT # P12589

1. Entity Name

MUZZO BROTHERS GROUP INC.

Principal Place of Business	Mailing Address
TORO ROAD ONTARIO M3J 2A9	130 TORO ROAD DOWNSVIEW, ONTARIO CANADA M3J 2A9

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
50 CONFEDERATION PKWY	50 CONFEDERATION PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CONCORD, ONTARIO	CONCORD, ONTARIO
Zip: L4K 4T8 / Country: CANADA	Zip: L4K 4T8 / Country: CANADA

4. FEI Number **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

BRIDGES, R A
334 MINORCA AVE
STE 200
CORAL GABLES FL 33134

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.

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS MUZZO, MARCO 200 SYLVADENE PARKWAY WOODBRIDGE ONTARIO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUZZO, ALEX 130 TORO RD DOWNSVIEW ON	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUZZO, ALEX 50 CONFEDERATION PKWY CONCORD, ONTARIO	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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.

SIGNATURE: X SIGNATURE REQUIRED April 25/00 (905)326-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARCO MUZZO