

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90124 045 ***150.00

DOCUMENT # P17222

1. Entity Name
TIE RACK (U.S.) INC.



Principal Place of Business
**145 RENFREW DR #130
MARKHAM, ONT. CAN. L3R 9R6**

Mailing Address
**145 RENFREW DR #130
MARKHAM, ONT. CAN. L3R 9R6**

11011406



2. Principal Place of Business
145 RENFREW DRIVE

3. Mailing Address
145 RENFREW DRIVE

Suite, Apt. #, etc.
120

Suite, Apt. #, etc.
120

☒ CHECK HERE IF MAKING CHANGES

City & State
MARKHAM, ONT.

City & State
MARKHAM, ONT.

4. FEI Number
13-3423960

Applied For
Not Applicable

Zip Country
L3R9R6 CANADA

Zip Country
L3R9R6 CANADA

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DP BISHKO, ROY CAPITAL INTERCHANGE WAY BRENTFORD, MIDDLESEX EN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PAUL, JUDY 145 RENFREW DRIVE -UNIT 130 MARKHAM, ONTARIO CN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNT, JULIAN CAPITAL INTERCHANGE WAY BRENTFORD, MIDDLESEX EN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MCGINCEY, NIGEL CAPITAL INTERCHANGE WAY BRENTFORD, MIDDLESEX, ENGLA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WILSHERE, DORIS 211 MADISON AVENUE -APT.#11B NEW YORK NY 10016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHEUNG, VERONICA 145 RENFREW DRIVE #130 MARKHAM, ONTARIO CN	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 145 RENFREW DRIVE (UNIT 120)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD SUSAN PREVOST 1514 WAYFARER COLLEGE STATION, TX 77845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 145 RENFREW DRIVE (UNIT 120)

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: VERONICA CHEUNG **VERONICA CHEUNG** April 14/03 (905) 470-6290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)