

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31453

1. Entity Name

SHERFAM INDUSTRIES, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90161 022 \*\*\*150.00

Principal Place of Business 150 SIGNET DRIVE WESTON, TORONTO M9L 1T9 CANADA	Mailing Address 150 SIGNET DRIVE WESTON, TORONTO M9L 1T9 CANADA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SCHWARTZ, RICHARD % MAYNARD RICH PROPERTIES CORP 7850 NW 146TH ST., #408 MIAMI LAKES FL 33016
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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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>
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**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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PCD FLORENCE, M. F. 150 SIGNET DRIVE WESTON, CANADA M9L 1T9
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VVC SHERMAN, BERNARD 150 SIGNET DRIVE WESTON, CANADA M9L 1T9
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	ST BAXTER, CRAIG 150 SIGNET DRIVE WESTON, CANADA M9L 1T9
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	AS SCHWARTZ, RICHARD 150 SIGNET DRIVE WESTON, CANADA
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 <i>[Signature]</i>	REQUIREMENT FLORENCE	Date: 2/18/2000	Daytime Phone #: (416) 749 9300
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CR2E034 (9/99)