FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90428 045 ***150.00

DOCUMENT # P34492

1. Entity Name
TIMANDRIS INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
98 GORDON RD	98 GORDON RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WILLOWDALE ON	City & State: WILLOWDALE ON
Zip: M2P 1E4 Country: CANADA	Zip: M2P 1E4 Country: CANADA

4. FEI Number: 980133862 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BROOKE, RICHARD

Street Address (P.O. Box Number is Not Acceptable): 216 SWEETWATER CREEK DR E

City: LONGWOOD FL Zip Code: 32779

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PC
NAME	BROOKE, COLIN A
STREET ADDRESS	98 GORDON RD
CITY-ST-ZIP	WILLOWDALE, ONTARIO
TITLE	VPS
NAME	BROOKE, BRIGITTA
STREET ADDRESS	98 GORDON RD
CITY-ST-ZIP	WILLOWDALE, ONTARIO
TITLE	VST
NAME	BROOKE, BRIGITTA
STREET ADDRESS	98 GORDON RD
CITY-ST-ZIP	WILLOWDALE, ONTARIO
TITLE	VPD
NAME	BROOKE, MAUD
STREET ADDRESS	63 OWEN BLVD
CITY-ST-ZIP	WILLOWDALE, ONTARIO
TITLE	VPD
NAME	BROOKE, ANNE
STREET ADDRESS	17 DEERPINE CRESCENT
CITY-ST-ZIP	WILLOWDALE ONTARIO
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E054B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ COLIN A BROOKE, PRESIDENT APRIL 10 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Telephone number: 416-221-8076