

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35567

1. Entity Name

FRESH DEVELOPMENTS TEXAS, INC.

FILED

May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90057 038 \*\*\*550.00

Principal Place of Business

Mailing Address

95 ST. CLAIR AVENUE WEST, SUITE 1102  
TORONTO.ONTARIO  
CANADA M4V 1N6  
OC

95 ST. CLAIR AVENUE WEST, SUITE 1102  
TORONTO.ONTARIO  
CANADA M4V 1N6  
OC

2. Principal Place of Business

446 Spadina Road  
Suite, Apt. #, etc.  
3rd Floor

3. Mailing Address

446 Spadina Road  
Suite, Apt. #, etc.  
3rd Floor

City & State

Toronto, Ontario

City & State

Toronto, Ontario

Zip

MSP 3M2

Country

Canada

Zip

MSP 3M2

Country

Canada

4. FEI Number

76-0089224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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	PSTD SHORE, FRED 95 ST. CLAIR AVENUE WEST, SUITE 1102 CANADA M4V 1N6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GORMAN, HARRY 95 ST. CLAIR AVENUE WEST, SUITE 1102 CANADA M4V 1N6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	446 Spadina Road, 3rd Floor Toronto, Ontario, Canada MSP 3M2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	446 Spadina Road, 3rd Floor Toronto, Ontario, Canada MSP 3M2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

May 11/00 (416) 486-7644  
Date Daytime Phone #

CR2E034 (9/99)