

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35570

1. Entity Name

NAMROG U.S., INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90079 024 \*\*\*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

3. Mailing Address

446 Spadina Road

446 Spadina Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor

3rd Floor

City & State

City & State

Toronto, Ontario

Toronto, Ontario

Zip

Country

Zip

Country

MSP 3M2

Canada

MSP 3M2

Canada

4. FEI Number

98-0069610

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	PD	<input type="checkbox"/> Delete
NAME	GORMAN, HARRY	
STREET ADDRESS	95 ST. CLAIR AVENUE WEST, SUITE 1102	
CITY-ST-ZIP	CANADA M4V 1N6	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SOBERANO, RALPH	
STREET ADDRESS	95 ST. CLAIR AVENUE WEST, SUITE 1102	
CITY-ST-ZIP	CANADA M4V 1N6	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*HARRY GORMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY GORMAN

MAY 12, 2000

(416) 486-7644

Date

Daytime Phone #

CR2E034 (9/99)