2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P39277**

1. Entity Name

FAMILY DELIGHT FOODS INCOPORATED

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90040 040 ***550.00

Principal Place of Business	Mailing Address
107 WALKER DR. BRAMPTON ONTARIO L6T 5K5	107 WALKER DR. BRAMPTON ONTARIO L6T 5K5

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1355644 | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

EXPACK, TAMPA DIVISION
2898 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name *MAX RUBENSTEIN*

Street Address (P.O. Box Number is Not Acceptable) *300 THREE ISLAND BLVD, APT 617*

City *HALLANDALE*   FL   Zip Code *33009*

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	C	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	RUBENSTEIN, MAX		NAME			
STREET ADDRESS	2600 BATHURST ST. APT 11		STREET ADDRESS			
CITY-ST-ZIP	TORONTO, ONT.		CITY-ST-ZIP			
TITLE	VCP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	RUBENSTEIN, JEFFREY		NAME			
STREET ADDRESS	96 WARREN ROAD		STREET ADDRESS			
CITY-ST-ZIP	TORONTO ON		CITY-ST-ZIP			
TITLE	V	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	DAN LEBLANC		NAME			
STREET ADDRESS	1411 BANCROFT DR		STREET ADDRESS			
CITY-ST-ZIP	MISSISSAUGA ON		CITY-ST-ZIP			
TITLE	V	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MIOR, WERTER,		NAME			
STREET ADDRESS	46 INDER HEIGHTS DR.		STREET ADDRESS			
CITY-ST-ZIP	BRAMPTON, ONT.		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (9/99)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15/00

Date   Daytime Phone #