

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063702

1. Entity Name

ADMIRAL INVESTMENTS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90059 009 ***150.00

Principal Place of Business

Mailing Address

20 EGLINTON AVENUE WEST
SUITE 1600
TORONTO, ONTARIO CANADA M4R 2H1

3099 EAST COMMERCIAL BLVD.
SUITE 200
FORT LAUDERDALE FL 33308-4311

2. Principal Place of Business

2201 NW 30TH PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
33069

Country
USA

Zip

Country

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

GOREN, SAMUEL S
3099 E. COMMERCIAL BLVD.
SUITE 200
FT. LAUDERDALE FL 33308

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
PTSD
GREEN, DAVID Y
C/O 20 EGLINTON AVENUE WEST
TORONTO CANADA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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.

David Green

SIGNATURE:

David Green
DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2000 (416) 487-3883

Date

Daytime Phone #

CR2E034 (9/99)