

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90041 016 ***150.00

0289112

DOCUMENT # P96000083839

1. Entity Name

CENTREFUND ACQUISITION CORP.

Principal Place of Business

**2401 PGA BLVD
 SUITE 280
 PALM BEACH GARDENS FL 33410**

Mailing Address

**2401 PGA BLVD
 SUITE 280
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

1696 NE Miami Gardens Drive

3. Mailing Address

1696 NE Miami Gardens Drive

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State

North Miami Beach, Florid

City & State

North Miami Beach, Florida

4. FEI Number

65-0836659

Applied For

Not Applicable

Zip

33179

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WIENER, DAVID J
 2401 PGA BOULEVARD
 SUITE 280
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **DP** ☒ Delete
 NAME **PRESTON, JOHN W.S.**
 STREET ADDRESS **2401 PGA BLVD, SUITE 168**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **VST** ☒ Delete
 NAME **GREEN, ROBERT S**
 STREET ADDRESS **2851 JOHN STREET SUITE 1**
 CITY-ST-ZIP **DARKHAM ONTARIO L3R5R7**

TITLE **D** ☒ Delete
 NAME **COHEN, PETER F**
 STREET ADDRESS **2851 JOHN STREET, SUITE ONE**
 CITY-ST-ZIP **MARKHAM, ONTARIO CAN L3R5R7**

TITLE **DVAS** ☒ Delete
 NAME **BERNICK, LARRY**
 STREET ADDRESS **2401 PGA BLVD SUITE 280**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPAS** ☐ Change ☒ Addition
 NAME **Katzman, Chaim**
 STREET ADDRESS **1696 NE Miami Gardens Drive, Ste. 200**
 CITY-ST-ZIP **North Miami Beach, Florida 33179**

TITLE **DVS** ☐ Change ☒ Addition
 NAME **Valero, Doron**
 STREET ADDRESS **1696 NE Miami Gardens Drive, Ste. 200**
 CITY-ST-ZIP **North Miami Beach, Florida 33179**

TITLE **DVT** ☐ Change ☒ Addition
 NAME **Segal, Dori**
 STREET ADDRESS **161 Bay Street, Suite 2820**
 CITY-ST-ZIP **Toronto, ON M5J 2S1 Canada**

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

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

TITLE ☐ Change ☐ 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.

Centrefund Acquisition Corp.

SIGNATURE:

By:

305-947-1664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)