

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90185 034 ***150.00

DOCUMENT # P97000082732

1. Entity Name

LEGAL DOCUMENTS CENTER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

425 UNIVERSITY AVENUE

3. Mailing Address

425 UNIVERSITY AVENUE

Suite Apt. #, etc.

SUITE 500

Suite Apt. #, etc.

SUITE 500

DO NOT WRITE IN THIS SPACE

City & State

TORONTO ONTARIO

City & State

TORONTO ONTARIO

4. FEI Number

65-0972873

Applied For

Not Applicable

Zip

M5G1T6

Country

CANADA

Zip

M5G1T6

Country

CANADA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name UNITED CORPORATE SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable)

9200 SOUTH DADELAND BLVD #508

City MIAMI

FL

Zip Code

33156

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)** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PS
NAME MCDOWALL, MAULINE
STREET ADDRESS 425 UNIVERSITY AVENUE SUITE 500
CITY - ST - ZIP TORONTO ONTARIO M5G1T6 CANADA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE C
NAME POWERS, JOHN
STREET ADDRESS 425 UNIVERSITY AVENUE SUITE 500
CITY - ST - ZIP TORONTO ONTARIO M5G1T6 CANADA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE AS
NAME SISKIND, STEVEN L
STREET ADDRESS 645 FIFTH AVE. STE 403
CITY - ST - ZIP NEW YORK NY 10022

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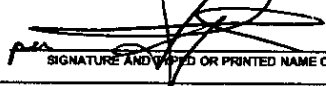
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



JOHN POWERS

26 APR 2002 (416) 7779260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)