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
LEGALDOCUMENTSCENTER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
425 UNIVERSITY AVENUE	425 UNIVERSITY AVENUE
Suite Apt. #, etc. SUITE 500	Suite, Apt. #, etc. SUITE 500
City & State TORONTO ONTARIO	City & State TORONTO ONTARIO
Zip M5G1T6 Country CANADA	Zip M5G1T6 Country CANADA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0972873 ☐ Applied For ☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MC DOWALL, MAULINE
STREET ADDRESS	425 UNIVERSITY AVENUE SUITE 500
CITY-ST-ZIP	TORONTO ONTARIO M5G1T6 CANADA
TITLE	C
NAME	POWERS, JOHN
STREET ADDRESS	425 UNIVERSITY AVENUE SUITE 500
CITY-ST-ZIP	TORONTO ONTARIO M5G1T6 CANADA
TITLE	AS
NAME	SISKIND, STEVEN L
STREET ADDRESS	645 FIFTH AVE. STE 403
CITY-ST-ZIP	NEW YORK NY 10022
TITLE	
NAME	
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CR2E034B (12/01)

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 #