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Secretary of State

02-03-2003 90322 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000024084

1. Entity Name

ARTZI CAPITAL MANAGEMENT COMPANY



Principal Place of Business Mailing Address 10282 LEXINGTON ESTATES BLVD 10282 LEXINGTON ESTATES BLVD **~~∪∪114U BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. _Suite, Apt.,#, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0820658 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARTZI, STEVEN Street Address (P.O. Box Number is Not Acceptable) 10282 LEXINGTON ESTATES BLVD **BOCA RATON FL 33428** City Zip Code 8. The above named entity submits this or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE =ELLE=NOW!!!=FEE=18=6450:00= 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition ARTZI, STEVEN NAME NAME STREET ADDRESS 10282 LEXINGTON ESTATES BLVD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** 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 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 10 or Block 11 if

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

22001739

Alfachment 838741

GROSSMAN HOLDINGS

970 Lawrence Avenue West, Suite 303 Toronto, Ontario M6A 3B6

Telephone No. 416-256-2900.

Fax No. 416-256-2901

24 January 2003

Division of Corporations Annual Reports Section 409 East Gaines Street Tallahassee: Florida: U.S.A. 32399

Dear Sirs

Re: Grossman Holdings Limited

Please find enclosed the 2003 Uniform Business Report for the above noted company and a U.S. money order in the amount of \$150.00 U.S. representing the filing fee:

Yours very truly

GROSSMAN HOLDINGS LIMITED

Robin Bookbinder C.A

Wency Dijet

Vice President

usa\flannrep@