2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # DOCOCO 74000

1. Entity Nam	MENT # P980000	4203	•								
MPI CAPITAL (FLORIDA), INC.						FILED					
Principal Plac	e of Business	Mailing Address				00 FEB 10 PM 4: 24					
11 CHURCH STI SUITE 200 TORONTO ONTA	REET Ario Mseiwi Canad	11 CHURCH STREET SUITE 200 TORONTO ONTARIO MISEIWI CANAD				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
•	lace of Business URCH STREET #, etc.	3. Mailing Address 11 CHURCH STREE 7 Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Suite 200 City & State		Suite 200			4. F	4 FFI Number					
TORONTO, ON		TORONTO, ON Zip Country					98-019226	2	\$8.75 Add	ot Applicable	
Zip M 5 E		MSE IWI	Court C#	•		Certificate of Sta			Fee Require		
	6. Name and Address of Current Re	egistered Agent		Name	7. N	lame and Addr	ess of New R	egistered .	Agent		
SMITH, RALPH 14237 LAKE UNDERHILL RD ORLANDO FL 32828					dress (P.O. B	(P.O. Box Number is Not Acceptable)					
				City				FL	Zip Cod	e	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Re Part			!! FEE 00 Fee	IS \$150.00 will be \$55	60.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11.	OFFICERS AND D	IRECTORS	12.	-	AD	DITIONS/CHAI	NGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPD POWERS, THOMAS E 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO M5E 1W1 CA	☐ Delete			11 CHU	S, THOM WECH STR	EE7. 57		☑ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEIN, MICHAEL 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO M5E 1W1 CA	☐ Delete				100	0031 -02/16/ ****15	.367 0001	Change 1	□ Addition 1 :3 08 0-00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BHARUCHA, YADZI 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO M5E 1W1 CA	☐ Delete		· /					****15€ □ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JACOBSON, RUSSELL 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO M5E 1W1 CA	☐ Delete							□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						; }{	□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							□ Change	☐ Addition	
13. I hereby o	certify that the information supplied with the	nis filing does not qualify fo	r the exe	mption state	ed in Section	119.07(3)(i), Flo	rida Statutes.	I further ce	rtify that the i	nformation or director	

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 espowered 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 addresse, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FEK. 4 2000

(416) 861- 5787 Daytime Phone #