## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # **P98000095546** May 04, 2000 8:00 am Secretary of State 1. Entity Name KMR ENTERPRISES, INC. 05-04-2000 90163 042 \*\*\*150.00 Principal Place of Business Mailing Address 16-3333 NEW STREET 16-3333 NEW STREET **BURLINGTON ONTARIO L7N 1N1** BURLINGTON ONTARIO L7N 1N1 2. Principal Place of Business 3. Mailing Address DRIVE Dave rodempor Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 52-2135791 FLORIDA AMPA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee\_Required 33 36 05 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY mber is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 35 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE KAVANAGH, JOHN NAME NAME STREET ADDRESS 13 51309 -RR 225 STREET ADDRESS CITY-ST-ZIP SHERWOOD PK, ALBERTA T8C-1-3 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE RICH, CHRISTOPHER NAME STREET ADDRESS 84 DUGGAN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORONTO.ONT CAN M4-U1Y2 ☐ Change ☐ Addition Delete TIŤLÉ TITLE MILLER, JOSEPHER NAME NAME 16-3333 NEW ST) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BURLINGTON ONT CAN, L7-NINI TITI F ☐ Change ☐ Addition TITLE 🗶 Delete BEACH, ALLAN NAME NAME STREET ADDRESS STREET ADDRESS 156 FENN AVE CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONT ,CAN M2-PIX9 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 w r like empowered