

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106757

1. Entity Name  
YAK COMMUNICATIONS (USA), INC.

FILED

02 MAY 21 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
55 TOWN CENTRE COURT

3. Mailing Address  
2601 S. BAYSHORE DRIVE

Suite, Apt. #, etc.  
#610

Suite, Apt. #, etc.  
1600

DO NOT WRITE IN THIS SPACE

City & State  
TORONTO, ONTARIO

City & State  
MIAMI, FLORIDA

4. FEI Number  
980203422

Applied For  
Not Applicable

Zip  
M1P 4X4

Country  
CANADA

Zip  
33133

Country  
USA

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  
DENNIS J. OLLE, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
2601 SOUTH BAYSHORE DRIVE, SUITE 1600

City  
MIAMI

FL

Zip Code  
33133

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

*Dennis J. Olle*

MAY 15, 2002

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  
NAME  
D/P  
ZWEBNER, CHARLES  
STREET ADDRESS  
55 TOWN CENTRE CT, #610  
CITY-ST-ZIP  
TORONTO, ONTARIO, CANADA M1P 4X4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D  
GENOVA, VINCENT  
STREET ADDRESS  
55 TOWN CENTRE CT, #610  
CITY-ST-ZIP  
TORONTO, ONTARIO, CANADA M1P 4X4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
VP  
SHORE, MITCHELL  
STREET ADDRESS  
55 TOWN CENTRE CT, #610  
CITY-ST-ZIP  
TORONTO, ONTARIO, CANADA M1P 4X4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D/S  
GREENWOOD, ANTHONY  
STREET ADDRESS  
55 TOWN CENTRE CT, #610  
CITY-ST-ZIP  
TORONTO, ONTARIO, CANADA M1P 4X4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D  
HELLER, ANTHONY  
STREET ADDRESS  
55 TOWN CENTRE CT, #610  
CITY-ST-ZIP  
TORONTO, ONTARIO, CANADA M1P 4X4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
CONTROLLER  
NOBLE, MARGARET  
STREET ADDRESS  
55 TOWN CENTRE CT, #610  
CITY-ST-ZIP  
TORONTO, ONTARIO, CANADA M1P 4X4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 filers empowered.

SIGNATURE:

CHARLES ZWEBNER

MAY

, 2002

416-296-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)