

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90109 049 ***150.00

DOCUMENT # P98000106757

1. Entity Name

YAK COMMUNICATIONS (USA), INC.



Principal Place of Business
**55 TOWN CENTRE COURT., 610
SCARBOROUGH ONTARIO
CANADA M1P 4X4**

Mailing Address
**55 TOWN CENTRE COURT., 610
SCARBOROUGH ONTARIO
CANADA M1P 4X4**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0208422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLLE, DENNIS J ESQ
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ZWEBNER, CHARLES ☐ Delete
55 TOWN CENTRE COURT., 610
CANADA M1P 4X4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Delete
GENOVA, VINCENT
55 TOWN CENTRE COURT., 610
CANADA M1P 4X4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☐ Delete
SHORE, MITCHELL
55 TOWN CENTRE COURT., 610
CANADA M1P 4X4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS ☐ Delete
GREENWOOD, ANTHONY
55 TOWN CENTRE COURT., 610
CANADA M1P 4X4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
HELLER, ANTHONY
55 TOWN CENTRE COURT., 610
CANADA M1P 4X4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C ☐ Delete
NOBLE, MARGARET
55 TOWN CENTRE COURT., 610
CANADA M1P 4X4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
Garbacz, Adrian
55 Town Centre Court., 610
Toronto, ON M1P 4X4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
Grunwald, Joseph
55 Town Centre Court., 610
Toronto, ON M1P 4X4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CORPORATE SIGNED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03 416-296-7111

Date

Daytime Phone #

CR2E034 (10/02)