Sep-05-02 12:24pm From-COHEN NORRIS SCHERER 5618424104

FILED
Sep 10, 2002 8:00 am
Secretary of State
09-10-2002 90229 048 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031940

1. Entity Name
TOKMAKJIAN, INC.

DO NOT WRITE IN THIS SPACE

879001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
712 U.S. HIGHWAY ONE,	712 U.S. HIGHWAY ONE,	65-0912022	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: STE 400	Suite, Apt. #, etc.: STE 400		
City & State: NORTH PALM BEACH, FL	City & State: NORTH PALM BEACH, FL		
Zip: 33408 Country: PALM BEACH	Zip: 33408 Country: PALM BEACH	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: FRED C. COHEN

Street Address (P.O. Box Number is Not Acceptable): 712 U.S. HIGHWAY ONE, STE 400

City: NORTH PALM BEACH **FL** Zip Code: 33408

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 _____ DATE
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its annual 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 STREET ADDRESS CITY-ST-ZIP	PDST TOKMAKJIAN, CY 221 CALDARI ROAD CONCORD, ONTARIO CA L4K-3Z9	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 like empowered.

SIGNATURE: CY TOKMAKJIAN, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/01)