MAY-29-2001 TUE 04:15 PM FAX NO. P. 03

5/4/01-90164-035-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063849

1. Entity Name

~~BRISE-COMPANY~~ DANIELS (SOUTH ORANGE), INC. N/C 03/21/2001 (TK)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 JUN -7 PM 1:19

C0060215

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
777 S. FLAGLER DR., STE. 1900W WEST PALM BEACH FL 33401-6198	777 S. FLAGLER DR., STE. 1900W WEST PALM BEACH FL 33401-6198

	2. Principal Place of Business	3. Mailing Address
	c/o Gregory, Sharer & Stuart	c/o Gregory, Sharer & Stuart
Suite, Apt #, etc.	100 Second Ave. So., Suite 600	PO Box 2881
City & State	St. Petersburg, FL	St. Petersburg, FL
Zip / Country	33701 / US	33731-2881 / US

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOTOS, MICHAEL E JR.
777 S. FLAGLER DR., STE. 1900W
WEST PALM BEACH FL 33401-6198

7. Name and Address of New Registered Agent

Name: Botos, Michael E.

Street Address (P.O. Box Number is Not Acceptable): One Clematis Street, Suite 400

City: West Palm Beach FL Zip Code: 33401

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: [signature] Michael E. Botos 4/23/01

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BOTOS, MICHAEL E 777 S. FLAGLER DR., STE. 1900W WEST PALM BEACH FL 33401-6198	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD Daniels, William I. 2345 Yonge St., Suite 700 Toronto, Ontario M4P 2E5 CANADA	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,D Daniels, Peter N. 2345 Yonge St., Suite 700 Toronto, Ontario M4P 2E5 CANADA	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 with an address, with all other like empowered.

SIGNATURE: [signature] Peter N. Daniels, Secretary April 24,2001 416-324-8178 ext. 224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #