

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90230 042 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

660058

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P99000071611</b>			
1. Entity Name <b>DUNBAR PALM BEACH, INC.</b>			
Principal Place of Business <b>9966 RIVERSIDE DR. EAST WINDSOR, ONTARIO CANADA N8P 1A1</b>		Mailing Address <b>9966 RIVERSIDE DR. EAST WINDSOR, ONTARIO CANADA N8P 1A1</b>	
2. Principal Place of Business <b>9966 RIVERSIDE DR. EAST</b>		3. Mailing Address <b>9966 RIVERSIDE DR. EAST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WINDSOR, ONTARIO</b>		City & State <b>WINDSOR, ONTARIO</b>	
Zip <b>N8P 1A1</b>	Country <b>CANADA</b>	Zip <b>N8P 1A1</b>	Country <b>CANADA</b>
4. FEI Number <b>65-0940929</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent <b>DENNIS M. SOLOMON, P.A. 1601 BELVEDERE ROAD SUITE 407-S WEST PALM BEACH, FL 33406</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE _____ 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. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<b>PRESIDENT JERRY LEV 9966 RIVERSIDE DR. EAST WINDSOR, ONT., CANADA N8P 1A1</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: <b>JERRY LEV</b>		Date <b>APRIL 30 2001</b> Daytime Phone # <b>519-7392720</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			