-2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32260 1. Entity Name UFS HOLDINGS INC.					Secretary of State 02-13-2002 90003 033 ***150.00			
Principal Plac	ce of Business	Mailing Address						
1201 HAYS S		178 ST. GEORGE ST. TORONTO, ONTARIO M5R- 2N2						
THE STREET	L 7 L V2001	TORONTO, ONTARIO ME	on- ZNZ			1 E E E E E E E E E E E E E E E	BRNI BLANT BLANT ANANT S	HINKI MIMIT RKUKI INDI
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State		4. FEI I	Number 58-1953354		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Cert	ficate of Status Desired	□ \$8.75 Fee Rec	Additional
•	6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New Reg	istered Agent	·
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registe				TL				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable			!!! FEE 02 Fee	will be \$550.00	1	Election Campaign Financ Trust Fund Contribution.	~ ~	5.00 May Be
11.	OFFICERS AND	<u></u>	12.		ADDIT	ONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TIKAL, MANFRED A 21 MAYFAIR AVE., PH3 TORONTO, ONTARIO, CANADA	□ Delete M5N- 2N5					☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		l l			☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete		•	—	-	☐ Chan	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Chan	ge 🗌 Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete					☐ Chan	ge 🗌 Addition
NAME Street address City-St-Zip		☐ Delete		İ		*	☐ Chan	ge Addition
of the corp	pertify that the information supplied with on this report or supplemental report is coration or the receiver or trustee empo or on an attachment with an address, where the supplemental reports or supplemental reports or the su	true and accurate and that m wered to execute this report	ny signati as requir ed A	ure shall have the ed by Chapter 601	same legal 7, Florida S	effect as if made under oath	i; that I am an offi opears in Block 1	car or director

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #