

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90028 037 ***150.00

C0049813

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>S44896</u> 1. Entity Name <u>O.I.A. REALTY INC</u>				<p>FILED Apr 20, 2001 8:00 am Secretary of State</p> <p>04-20-2001 90028 037 ***150.00</p> <p>C0049813</p> <p>DO NOT WRITE IN THIS SPACE</p>	
Principal Place of Business _____ Mailing Address _____					
2. Principal Place of Business <u>331 RIVERVIEW DR.</u>		3. Mailing Address <u>SAME AS #2</u>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State <u>TORONT ONT.</u>		City & State _____		4. FEI Number <u>98-0118592</u>	
Zip <u>M4N-3C9</u>		Country <u>CANADA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <u>PRENTICE HALL CORPORATION SYSTEM</u> <u>1201 HAYES ST.</u> <u>SUITE 105</u> <u>TALLAHASSEE, FL. 32301</u>				7. Name and Address of New Registered Agent 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT & DIRECTOR</u> <input type="checkbox"/> Delete <u>H. THOMAS BECK</u> <u>331 RIVERVIEW DR.</u> <u>TOR. ONT. CAN M4N-3C9</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY</u> <input type="checkbox"/> Delete <u>CATHERINE BECK</u> <u>331 RIVERVIEW DR.</u> <u>TOR. ONT. CAN M4N-3C9</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Catherine Beck Beck</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>APR 11/01 (416) 322-7335</u> <small>Date Daytime Phone #</small>		

CR2E034 (11/00)